North East Local Health Integration Network

2013/14 Annual Report

Ontario

North East Local Health Integration Network

Réseau local d'intégration des services de santé du Nord-Est

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North East LHIN

555 Oak Street East
3rd Floor
North Bay
P1B 8E3

264 McNabb St.
2nd Floor
Sault Ste. Marie
P6B 1Y6

Rainbow Centre
40 Elm Street, Suite 247
Sudbury
P3C 1S8

681 Algonquin Blvd. East
Suite 3
Timmins
P4N 7E5

Telephone: (705) 840-2872 Toll free: 1-866-906-5446 Fax: (705) 840-0142
E-mail: engagingwithyou@lhins.on.ca www.nelhin.on.ca

Cover Photo: There are approximately 129,000 Francophones living in Northeastern Ontario (23%), including Marie-Anne Huneault (right) who receives care by Personal Support Worker (PSW) Gaetanne Bigras (left) at the West Nipissing General Hospital in Sturgeon Falls.

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Message from the Acting Board Chair and CEO

This past fiscal has been a milestone year as we launched our third strategic plan – our 2013-2016 Integrated Health Service Plan or IHSP. Developed further to the input of more than 4,000 Northerners, our IHSP outlines four priorities to enhance the regional system of care: increase access to primary care; strengthen transitions of care as Northerners move from one part of the health care system to another; make mental health and substance abuse services more accessible; and target the needs of Francophone and Aboriginal people living in Northeastern Ontario.

We have spent a good part of this past year engaging and learning from fellow Northerners – including patients, health service providers, caregivers and municipal leaders – on the best ways to achieve results and meet expectations. This Annual Report speaks to the progress being made with our partners, including:

Louise Paquette – Chief Executive Officer

- Facilitating two days of clinical assessments with Elders living in the remote community of Fort Albany, and working with the Red Cross to develop a first-ever culturally appropriate Personal Support Worker (PSW) training program for people living along the James and Hudson Bay Coast. People living in our most Northerly communities now have access to 24 new PSW graduates who also received specialized foot care training to care for people living with diabetes.
- A Clinical Services Review that is helping our 25 hospitals prepare for Health System Funding Reform, while achieving best practice models of care for quality based procedure services.
- Timely care options for more than 10,000 Northerners suffering from hip and knee problems through our five LHIN-funded Joint Assessment Centres, and a successful pilot project to treat people with shoulder ailments.
- Unique partnerships, such as the one forged with the Greater Sudbury Police Service and the Canadian Mental Health Association to create a new Community Crisis Model which has seen 62% more Sudburians access crisis services.
- Improved client transitions through innovative programs like PATH that are helping seniors return home from hospital with everything they need for a successful transition, from milk in the fridge to a prescription filled.
- Respecting language and culture by helping our providers offer French Language Services (FLS) and provider FLS designations so that Northerners can have more access to care in their language of choice.
- Helping more than 700 Northerners with heart failure and chronic obstructive pulmonary disease use Telehomecare to self-manage their disease and reduce their need to visit busy hospital emergency departments.

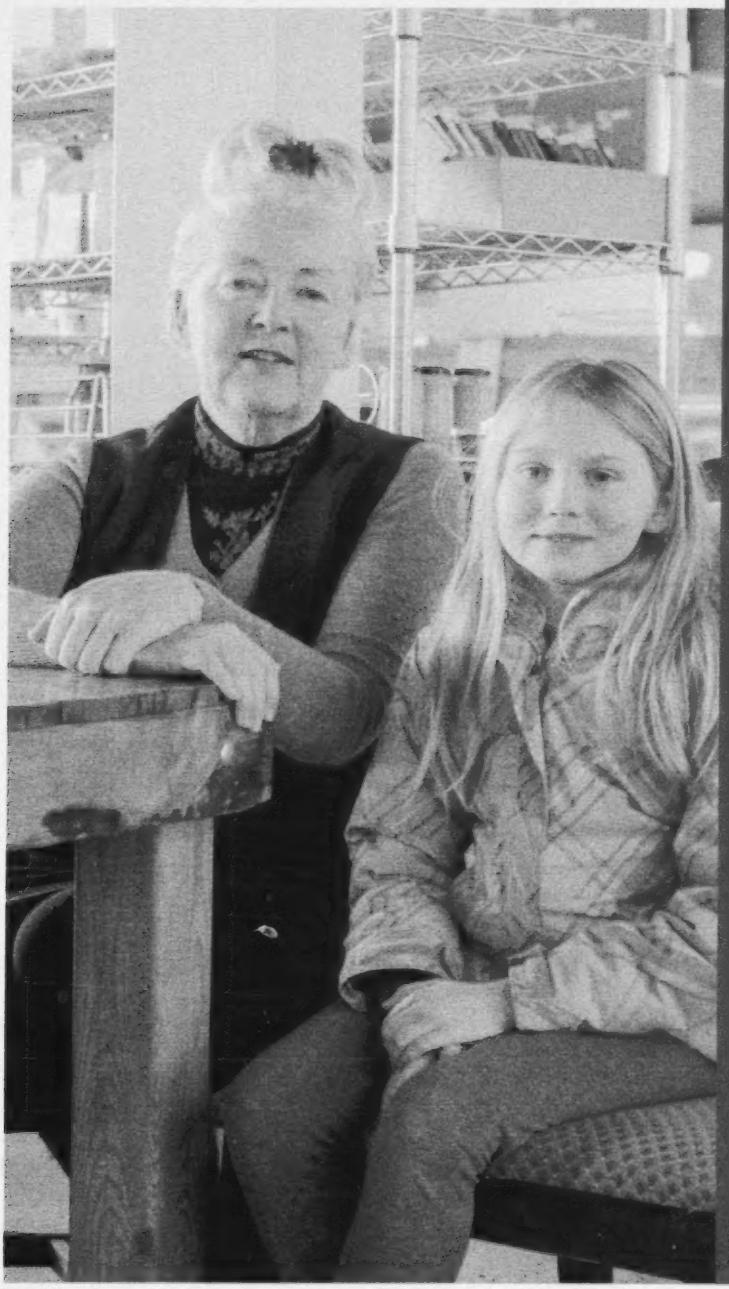
Danielle Bélanger-Corbin, Acting Chair

We live in an age where advances in surgical techniques, drugs, and technology require us to rethink the delivery of health care services. As the NE LHIN moves forward, we will continue to reach out and engage with Northerners and invite them to be part of the conversation to improve the delivery of health services across Northeastern Ontario.

Danielle Bélanger-Corbin, Acting Chair

Louise Paquette, Chief Executive Officer

Welcome to the North East LHIN



Mission

To advance the integration of health care services across Northeastern Ontario by engaging our local communities.

« Favoriser l'intégration des services de santé dans le Nord-Est de l'Ontario en engageant nos communautés locales. »

Enkiichigaadeg waazhi maajiishkaang maamwizwin eni zhischigaadeg wii minoyaang naadmaadwin.
Giiwednowaabnong nikeya dinokiiwning ni zhischigaadeg wii minwaabminaagog endnokiishnang

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Vision

Quality health care, when you need it.

Des services de santé de qualité au moment voulu.

Ezhi gshkitoong go waani zhi mino yang naadgo wendming pii ndo wendaagog.

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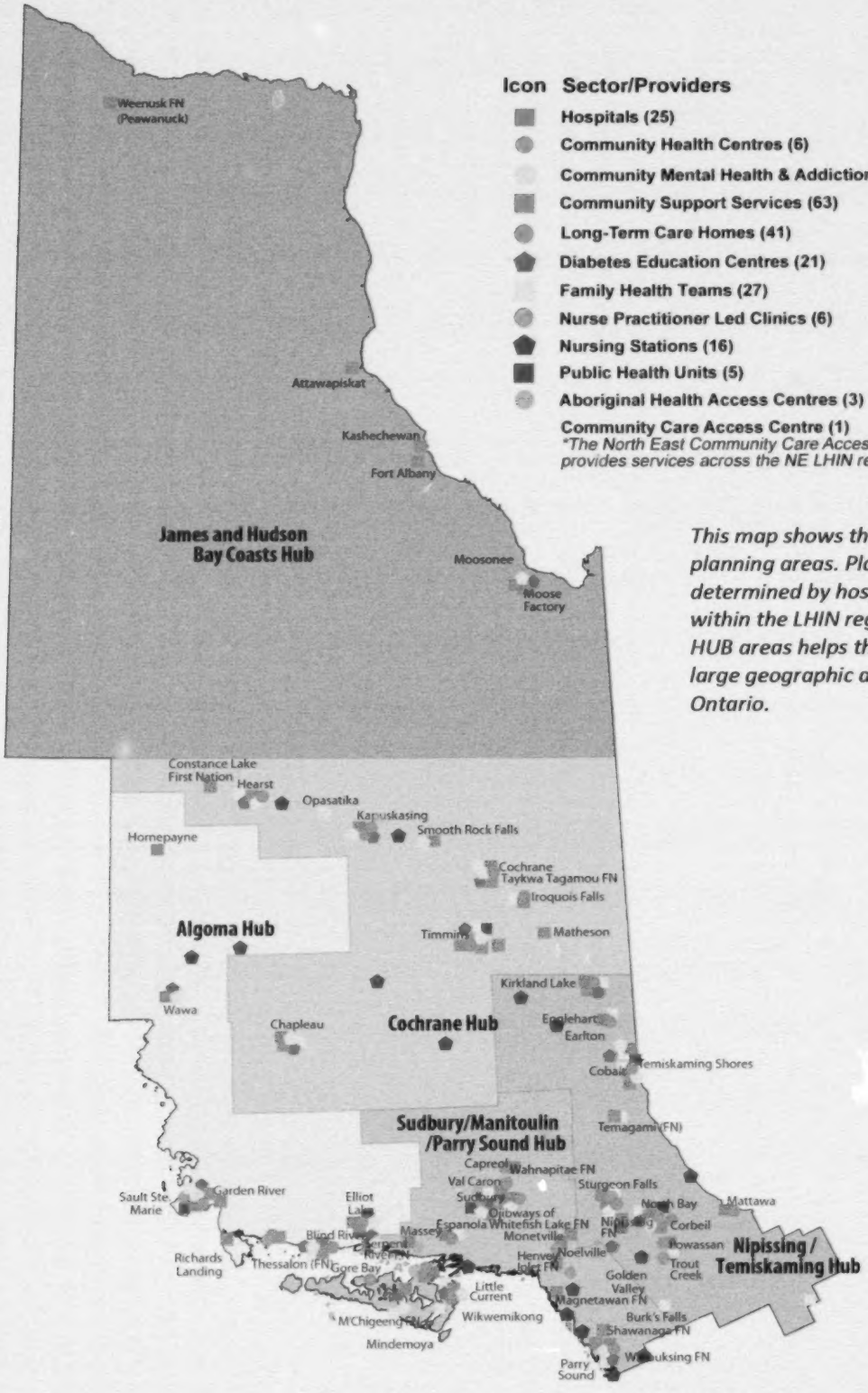
Olive Nasedkin (left) and Beverly Schwendener of Sudbury enjoy their generational differences by spending quality time together. Demographics are changing the way health care is delivered across the region. Currently, 19% of people living in NE Ontario are over the age of 65. This number is expected to swell to 30% by 2036.

The North East LHIN Region



Icon Sector/Providers

- Hospitals (25)
- Community Health Centres (6)
- Community Mental Health & Addictions (48)
- Community Support Services (63)
- Long-Term Care Homes (41)
- Diabetes Education Centres (21)
- Family Health Teams (27)
- Nurse Practitioner Led Clinics (6)
- Nursing Stations (16)
- Public Health Units (5)
- Aboriginal Health Access Centres (3)
- Community Care Access Centre (1)

**The North East Community Care Access Centre provides services across the NE LHIN region*

This map shows the NE LHIN's "HUB" planning areas. Planning areas have been determined by hospital referral patterns within the LHIN region. The designation of HUB areas helps the NE LHIN manage the large geographic area of Northeastern Ontario.

North East LHIN Facts, Stats and Figures

Geography[1]

- Second largest LHIN with approximately 400,000 square kilometres – 44% of Ontario's land mass.

Demographics[2]

- Home to an estimated 563,000 people, or 4.1% of Ontarians.
- Declining population – 2% decline over the last 10 years compared to an 11% population increase across the province.
- Zero growth – no growth is projected for the next 10 years.
- Older population – 19% of people are aged 65+ as compared to 15% for Ontario. This percentage is expected to increase to 30% by 2036 and in fact, within the next 10 years, it is projected that one in every four residents will be aged 65 or older.

Cultural Diversity

- Approximately 11% are Aboriginal[3] and about 23% Francophone[4].

Health Service Providers

The NE LHIN provides funding to about 150 health services providers across six sectors. (Note that some of these providers offer services in more than one sector) including:

- Hospitals (25)
- Community Health Centres (6)
- Community Mental Health & Addictions (51)
- Community Support Services (72)
- Long-Term Care Homes (41)
- Community Care Access Centre (1)

A growing number of people age 65 and older means more demand for hip and knee care. The NE LHIN has responded with five North East Joint Assessment Centres in North Bay, Parry Sound, Sault Ste. Marie, Sudbury and Timmins. Centres provide timely assessment, referral to the first available surgeon, and information about how to manage pain. Patients who previously waited six months to a year for an initial consult with an orthopedic surgeon can now be seen by an Advanced Practice Physiotherapist within two to four weeks. More than 10,000 Northerners have benefitted from one of the centres, including Nona Patterson of North Bay (right), who is being seen by Advanced Practice Physiotherapist Tonia Cockburn (left).

This past year, the NE LHIN also saw the completion of a successful pilot project to treat people with shoulder ailments at Joint Assessment Centres, which is now being considered for roll-out on a regional basis.

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[1] *Statistics Canada – 2011 Census*

[2] *Populations, Ontario Ministry of Health and Long-Term Care: IntelliHEALTH ONTARIO. Last refreshed September 2013*

[3] *Statistics Canada – NHS Aboriginal Profile, 2011*

[4] *Statistics Canada – 2011 Census, Based on French as a Mother Tongue*

Health Care Services

- 650 primary care physicians, one Group Health Centre in Sault Ste. Marie, 27 family health teams, six community health centres, six nurse practitioner-led clinics, 16 nursing stations, and three Aboriginal health centres.[5]
- Health Care Connect Program has helped Northerners connect with primary care providers. Between February 2009 and February 2014, 47,798 NE LHIN residents were connected which represents almost 80% of patients who registered.[6]
- 106 long-term care beds for every 1,000 people aged 75 and over (2013), as compared to the provincial average of 80 beds per 1,000.[7]

Health Facts[8]

- NE LHIN residents have a shorter life expectancy than residents of Ontario: 76.5 years for males (79.2 years in Ontario), and 81.4 years for females (83.6 in Ontario).
- Premature mortality, a measure of death rates (per 100,000 population) prior to age 75, is 35% higher in the NE LHIN when compared to the province.
- The leading causes of death for NE LHIN residents, as well as all Ontarians, are circulatory system diseases (such as heart disease and stroke) and neoplasms (cancer). The rate of circulatory system disease deaths (deaths per 100,000 population) is 22% higher in the NE LHIN than in Ontario; and neoplasms are 16% higher.
- A higher percentage of people living with chronic diseases than the rest of Ontario, including:
    - arthritis/rheumatism - 24% vs.17%
    - asthma - 9% vs. 8%
    - diabetes - 10% vs. 7%
- Poor health practices are related to an increased risk of chronic disease, mortality and disability. NE LHIN residents are more likely to smoke and more likely to drink heavily. They are also more likely to be obese – 60% compared to a provincial rate of 53%.

More than 75% of the NE LHIN's family physicians, including Dr. Thomas Crichton from the City of Lakes Family Health Team in Sudbury, are using electronic medical records to improve patient care. By the beginning of 2014, all six nurse practitioner clinics had gone from paper to electronic, and all 25 hospitals were in various stages of becoming totally electronic.

[5] Ontario GPs (2014-02-25), Health Analytics Branch, MOHLTC

[6] Health Care Connect, Public Information Program Results

[7] Ministry of Health and Long Term Care, Health Data Branch Portal, Long Term Care Homes Report and *Populations, Ontario Ministry of Health and Long-Term Care: IntelliHEALTH ONTARIO. Last refreshed September 2013*

[8] *Statistics Canada, Health Profile, December 2013*

NE LHIN Board of Directors

Our Board of Directors is an active Board with enthusiastic and hard-working members who bring a wide variety of expertise to the governance table including accounting, medicine, management, as well as palliative and geriatric care. Directors bring the face of the communities we serve to our decision making, and as we seek new board members, this breadth of skills and expertise will continue to be sought. Within this past year, Elaine Pitcher stepped down as Board Chair in February 2014 and Vice Chair Danielle Bélanger-Corbin moved into the role of Acting Chair.

Danielle Bélanger-Corbin, Acting Chair
Temiskaming Shores

Term: September 29, 2010 to September 29, 2013; renewed to September 28, 2016

Dr. Colin Germond
Sudbury

Term: April 21, 2010 to April 21, 2013; renewed to April 20, 2016

Cecilia Bruno
Sault Ste. Marie

Term: June 1, 2011 to May 31, 2014

Santina Marasco
Sudbury

Term: August 15, 2012 to August 14, 2015

Rick Cooper
Kagawong,
Manitoulin Island

Term: October 23, 2013 to October 22, 2016

During the jointly sponsored NE LHIN and The Change Foundation patient engagement session in North Bay, Louis Bird, an elder from Peawanuck, spoke about the difficulties in translating medical words into Cree and the miscommunication that can happen when someone is asked to relay their symptoms in a language that is not their mother tongue. NE LHIN Acting Chair Danielle Bélanger-Corbin facilitated the session which attracted about 100 Northerners either in person or via OTN.

Board Advisory Committees

Our Board of Directors has two advisory committees: Health Professionals Advisory (HPAC) and Local Aboriginal Health (LAHC). Both committees meet face-to-face twice per year and provide system-level advice to the Board.

Health Professionals Advisory Committee (HPAC)

HPAC serves as a collective voice of health professionals and has the important responsibility of providing advice to the NE LHIN Board on: how to achieve patient-centered health care and further develop the leadership role of health professionals in promoting integrated health care delivery; effective ways and means to move forward with the priorities of the NE LHIN's strategic plan (IHSP); and considerations in the development of Health Links and integrated models of care across Northeastern Ontario.

HPAC Members:

- **Roger Pilon (Chair),** Laurentian University Faculty and Nurse Practitioner, Centre de santé communautaires du grand Sudbury
- **Diane Stringer (Vice Chair),** Director of Care, South Centennial Manor, Cochrane
- Allyson Campsall, Registered Practical Nurse, Temiskaming Hospital
- Maria Coccimiglio, Pharmacist, Sault Area Hospital
- Rachell Cull, Director of Patient Care, Weeneebayko Area Health Authority, Moose Factory
- Stephanie Doni, Dietitian, Sudbury District Nurse Practitioner Clinics
- Jennifer Fournier, Nurse Practitioner, Director, Capreol Nurse Practitioner Led Clinic
- Dr. Albert Gouge, Clinical Psychologist, Health Sciences North, Sudbury
- Elaine Johnston, Executive Director, Mnaamodzawin Health Services, Little Current
- Dr. Tara Leary, Physician, Health Sciences North and Shkagamik-Kwe Health Centre, Sudbury
- Sandra Linton, Manager, Timiskaming Home Support
- Dr. Emmalee Marshall, Vice President, Medical Affairs, Sault Area Hospital
- Dr. Al McLean, Physician, Superior Family Health Team, Sault Ste. Marie
- Lydia Oktaba, Occupational Therapist, NE CCAC, Sault Ste. Marie

Board Chair Danielle Bélanger-Corbin (left) and CEO Louise Paquette discuss primary care issues with Nurse Practitioner Roger Pilon, HPAC Chair. HPAC members represent different health professions, health sectors, and geographical areas of the NE LHIN region. Members offer system-level advice to the NE LHIN and input into advancing the LHIN's four priorities outlined in its Integrated Health Service Plan (IHSP).

Local Aboriginal Health Committee (LAHC)

The LAHC advises the NE LHIN Board on health service priorities within Aboriginal (First Nation, Métis, urban, rural) communities, and opportunities for the integration and coordination of health care services. The LAHC and NE LHIN work collaboratively to identify targeted engagement activities on the specific needs of Aboriginal people living in Northeastern Ontario.

LAHC Members:

- **Gloria Daybutch (Chair),** Health Director, Mamaweswen North Shore Tribal Council, Cutler
- **Pat Chilton (Vice-Chair),** Executive Director, Misiway Milopemahtesewin Community Health Centre, Timmins
- Dale Copegog, Director, Health and Social Service, Wasauksing First Nation, Parry Sound
- Sally Dokis, Health Director, Dokis Health Centre, Monetville
- Elaine Johnston, Executive Director, Mnaamodzawin Health Centre, Little Current
- Giselle Kataquapit, Health Director, Peetabeck Health Centre, Fort Albany
- Veronica Nicholson, Executive Director, Timmins Friendship Centre
- Nancy Potvin, Executive Director, North Bay Indian Friendship Centre
- Angela Recollet, Executive Director, Shkagamik-Kwe Health Centre, Sudbury
- Janice Soltys, Chief Information Officer, Weeneebayko Area Health Authority, Moose Factory
- Mary Jo Wabano, Health Services Director, Wikwemikong Health Centre
- Pam Williamson, Executive Director, Noojmowin-Teg Health Centre, Little Current

Gloria Daybutch (right) of Mamaweswen North Shore Tribal Council, was elected Chair of the NE LHIN's Local Aboriginal Health Committee (LAHC) in March, 2014. Gloria, NE LHIN Acting Chair Danielle Bélanger-Corbin (left) and CEO Louise Paquette (middle), meet twice per year with LAHC members to engage on ways and means to enhance access to care for the 11 % of Northerners who are Aboriginal, First Nation or Métis.

Ministry-LHIN Performance Agreement (MLPA)

The MLPA defines the relationship between the Ministry of Health and Long-Term Care and the NE LHIN in the delivery of local health care programs and services. The MLPA establishes a mutual understanding between the Ministry and the LHIN and outlines performance indicators within a defined period of time. Indicators are updated every quarter; for an up-to-date status report on indicators, please contact the NE LHIN or visit www.nelhin.on.ca.

Performance Indicator	LHIN 2013/14 Starting Point	LHIN 2013/14 Performance Target	Most Recent Quarter 2013/14 LHIN Performance	FY 2013/14 LHIN Annual Result
Access to healthcare services				
90th percentile ER length of stay for admitted patients	29.12	25	35.47	29.67
90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	6.5	6.5	5.68	5.87
90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	4.13	4	4.07	4
Percent of priority IV cases completed within access target (84 days) for cancer surgery	92%	90%	98.53%	94.86%
Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	93.8%	90%	100%	100%
Percent of priority IV cases completed within access target (182 days) for cataract surgery	98%	90%	91.33%	90.83%
Percent of priority IV cases completed within access target (182 days) for hip replacement	77%	85%	74.24%	70.71%
Percent of priority IV cases completed within access target (182 days) for knee replacement	61%	75%	60.41%	58.44%
Percent of priority IV cases completed within access target (28 days) for MRI scans	68%	80%	65.88%	73.07%
Percent of priority IV cases completed within access target (28 days) for CT scans	75%	83%	82.33%	80.97%
Integration and coordination of care				
Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	22.33%	22%	23.78%	23.89%
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	59	48	89	70
Quality and improved health outcomes				
Readmission within 30 Days for Selected CMGs*	16.96%	15%	18.77%	17.55%
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	17.2%	16.5%	16.36%	17.31%
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	27.2%	25%	30.73%	31.37%

*FY 2013/14 is based on most recent four quarters of data (Q4 2012/13 - Q3 2013/14) due to availability

Report on MLPA Performance Indicators

Emergency Room (ER)

ER performance is monitored on three key indicators including the 90th percentile length of stay for admitted patients, the 90th percentile length of stay for non-admitted complex patients, and the 90th percentile length of stay for non-admitted minor uncomplicated patients.

Admitted patients: At 29.67 hours, overall performance in 2013/14 did not meet target (25 hours). Patients waiting to be admitted to the hospital were delayed by system challenges particularly in two of the large urban communities (Sault Ste. Marie and Timmins) where alternate level of care (ALC) patients occupying acute beds reached levels that slowed the regular flow of patients from the ER to inpatient units. By Q4 2013/14, Timmins resolved its ALC challenges and improved its ER length of stay from above target to below target. Progress is being made in Sault Ste. Marie in terms of reducing the number of ALC patients occupying acute beds. This will improve patient flow from the ER to inpatient units.

High Acuity non-admitted patients: At 5.87 hours, the NE LHIN more than met the target (6.5 hours) as hospitals were able to assess, treat and discharge complex patients in less than 6 hours. Complex patients often require many tests and interventions prior to discharge and overall hospitals performed very well.

Low Acuity non-admitted patients: At 4 hours, the NE LHIN met its target. Low acuity non-admitted patients include some ER visits that could be managed in other settings such as community primary care providers – including family doctors and nurse practitioners – where there is capacity. The NE LHIN's Primary Care Advisory Council is working on strategies to assist in this regard so that Northerners can forgo a trip to the ER for health concerns that can be treated outside of the hospital.

The NE LHIN supports strategies to improve ER length of stay. These include its Pay for Results Action Plan which is a focused-performance improvement plan for the four large urban hospitals. In addition, other initiatives such as Geriatric Emergency Management (GEM) nurses support discharge from the ER for frail seniors who need additional assessment and supports after physician assessment is completed. As well, the Emergency Department Outreach Service in Sudbury provides on-call support to residents of local long-term care homes by sending ER nurses to the home for assistance; which can result in the avoidance of a trip to a hospital emergency room.

Surgical Wait Times

In 2013/14, wait times reporting for surgical and diagnostic imaging changed from monitoring the 90th percentile wait for surgery/imaging, to a focus on the percentage of priority IV cases completed within access targets. Priority IV cases are generally elective cases or those cases that physicians assess as non-urgent.

Cancer Surgery: In 2013/14, 95% of priority IV cancer surgeries were completed within the access target of 84 days. In addition, in partnership with Cancer Care Ontario's North East Region Cancer Centre in Sudbury, cancer surgeries for priority 2 and 3 cases were closely monitored. To optimize wait times, the North East Region Cancer Centre's surgical lead worked with all hospitals providing cancer surgery.

Cardiac Bypass Surgery: In 2013/14, 100% of priority IV surgeries were completed within the access target of 90 days. Working closely with the Cardiac Care Network of Ontario, Health Sciences North (NE LHIN's sole provider of heart surgery) maintained this performance throughout the year.

Cataract Surgery: In 2013/14, 91% of priority IV cataract surgeries were completed within the access target of 182 days. This high demand surgery, in part related to the NE LHIN's aging population, was supported by both hospital cooperation in the redistribution of some surgical volumes late in the fiscal year and some additional MOHLTC funded surgeries to address longer wait lists in some communities.

Hip and Knee Replacement Surgery: In 2013/14, 71% of priority IV hip replacement surgeries and 58% of knee replacement surgeries were completed within the access target of 182 days. Both hip and knee replacement surgeries were in high demand with approximately two patients waiting for every

available hip surgery, and three for every available knee surgery. With a NE LHIN target of 85% for hips and 75% for knees, the NE LHIN continues to work with partners on strategies to improve performance. Strategies have included the NE LHIN's Joint Assessment Centres (one in each of the surgical centres) which require all potential hip replacement patients to be assessed by an Advanced Practice Physiotherapist who has received specialized training from orthopaedic surgeons. This assessment process gets the right patients to the surgeon, and other patients to options including additional rehabilitation or other forms of care that reduce or delay the need for surgery. In the NE LHIN, over 50% of the assessments that are completed by the Centres do not result in a consultation with an orthopaedic surgeon.

Diagnostic Wait Times

Magnetic Resonance Imaging (MRI): In 2013/14, 73% of priority IV scans were completed within the access target of 28 days, falling short of the NE LHIN's target of 80%. Overall, the NE LHIN ranked third in the province with a 90th percentile wait time of 36 days at the end of Q4 2013/14. All MRI sites demonstrate good efficiency levels and comparison with peers based on the provincial MRI dashboard. Demand for MRI scans is a key concern in the NE LHIN.

Computed Tomography Imaging (CT): In 2013/14, 81% of priority IV scans were completed within the access target of 28 days, falling short of the NE LHIN's target of 83%. High demand for CT scans is a key consideration in part due to the evolving use of CT for many diagnostic needs such as cardiac concerns.

Alternate Level of Care (ALC)

The percentage of ALC days reflects those patients discharged from hospital in the defined time period. ALC patients are those that stay in hospital after their acute portion of care is completed, but their next destination is unavailable. Their hospital stay is thus prolonged waiting for an "alternate level of care." 95% of hospital patients do not accumulate ALC days, but the 5% who do are delayed getting to their next level of care due to system challenges. Overall, the NE LHIN performed just above its 22% target in 2013/14. Key issues were specific ALC challenges in Sault Ste. Marie and Timmins. By the end of the year, Timmins had successfully discharged many ALC patients to their next level of care due to the opening of some additional long-term care beds, concerted efforts to leverage community supports, and collaboration across the continuum of health care services. In Sault Ste. Marie, ALC increased due to decreased access to both long-term care and interim care beds. Initiatives such as PATH, to support frail seniors in their discharge from hospital to home, and other strategies, are showing results. Across the NE LHIN, key initiatives such as: assisted living, integrated discharge planning, assess and restore beds, behavioural supports for seniors in long-term care facilities, case managers in selected family health teams, and a commitment to home first, are integral to ensuring patients are provided the right level of care at the right time and in the right place.

Access to Community Care

Providing in-home services for clients in the community is a key program of the North East Community Care Access Centre. At 70 days, the NE LHIN did not meet its target of 48 days in 2013/14. A number of factors contributed to longer waits for community clients including:

- Some remote communities lack access to community service such as some therapies (e.g. occupational and physiotherapy) and thus have longer wait lists for service;
- Assessment of clients identifies higher and lower priority needs and those with lower priority needs have longer waits for service and once served tend to increase the 90th percentile wait time;
- Service demand increase in the volume of community referrals and the complexity of service needs of clients has placed pressure on CCAC resources.

The NE LHIN invested in more community support services in 2013/14 to help seniors remain in their homes. (See pages 21 and 22 for details).

Hospital Readmissions and Repeat Unscheduled ER Visits for Mental Health and Substance Abuse

Hospital Readmissions Within 30 days: At 17.5%, the rate of readmissions exceeded target (15%). Year-to-year, there is a 1% variation across the clinical cohorts included in the readmission indicator. Key initiatives by the NE LHIN include: the congestive heart failure clinic and care transitions unit at Health Sciences North focusing on the patient's journey in hospital and supporting care after discharge; CCAC case managers in selected family health teams who contribute to earlier identification and treatment for the frail elderly; deployment of rapid response nurses to focus on the frail elderly with complex conditions and high risk of readmission to hospital; telehomecare; Health Links, and others noted in this report.

Repeat Unscheduled ER Visits Within 30 days for Mental Health: At 17.3%, the rate of ER revisits for mental health exceeded target (16.5%); however, in the last two quarters of 2013/14, this performance target was achieved. Initiatives to support people with mental health conditions and reduce revisits include: peer support navigators in ER, mental health case managers in ER, downtown crisis support/ER diversion, and the implementation of CritiCall mental health bed registry to support rural hospital access to Schedule 1 beds and others.

Repeat Unscheduled ER Visits Within 30 days for Substance Abuse: At 31%, the rate of ER revisits for substance abuse exceeded target (25%). Most communities in the NE LHIN met the 25% target; however, significant challenges exist in others specifically concerning those with complex and chronic addiction to alcohol who are frequent users of the ER. Initiatives to support those with substance abuse conditions include: supportive housing linked to health services, additional resources for opiate addictions, peer support initiatives, integration of addictions' services to improve service delivery, and others.

This NE LHIN-funded Virtual Critical Care Unit at Health Sciences North in Sudbury extends intensive care consultation to smaller hospitals across the region. With an Intensivist (a specialist in ICU care), a critical care pharmacist, a nurse with extra critical care training, a dietitian and a respiratory therapist, it offers what is called a "passive model" of telemedicine, meaning that the team responds to requests to provide consultative advice to small hospitals. The NE LHIN's Critical Care Lead, Dr. Derek Manchuk (left), was instrumental in developing the unit. He is shown with team member, Renée Fillier, RN, Coordinator.

Community Engagement

In November 2013, the NE LHIN's Health Professionals Advisory Committee (HPAC) received and approved the NE LHIN's report on the outcomes of community engagements held over a three-year period.

The NE LHIN engages with hundreds of Northerners every year to seek input on addressing system gaps or duplications, and on improvements that can be made to the local health care system. Comments made at engagements or through emails and phone calls to the LHIN, are considered when making targeted investments in Northeastern Ontario communities. In addition to engagements outlined on the following pages, more than 60 NE LHIN-led engagements have been held on priority areas of the LHIN's strategic plan in the past year alone.

Ongoing opportunities to engage with Northerners on how to build a stronger system of care, include:

- A jointly sponsored patient engagement forum with The Change Foundation which showcased innovative ways to include patients in health care decision making.
- Two Health Professionals Advisory Committee meetings – members represent a wide range of health care sector professionals in Northeastern Ontario.
- NE LHIN Local Aboriginal Health Committee meetings to share information and receive advice on improving access to care in Aboriginal communities.
- Meetings with the Réseau du mieux-être francophone du Nord de l'Ontario to support Francophone engagements.
- Regular meetings with health service providers to discuss opportunities for collaboration and integration such as: eHealth Advisory Council, North East Hospice Palliative Care Network, North East Behavioural Supports (BSO) Working Group, Regional Mental Health and Addiction Consultation Group, Family Health Teams, NE LHIN Community Support Services (CSS) Network.
- IT Integration and Alignment Council (IAC) which includes participation from all 25 hospital CEOs and Chief Information Officers. The Council provides advice and recommends solutions and deployment strategies for the region to increase efficiency, standardization, shared purchasing/procurement and interoperability of systems.
- Active participation in community events/opportunities such as: Sudbury-Manitoulin's Information Fair for Seniors; three Algoma CSS Information Fairs; Health Sciences North's Senior Series; Dunchurch Diner's Club; Belvedere Heights' Community Support Services Lunch and Learn for Seniors; The Senior's Health Advisory committee in Sault Ste. Marie; Dining Club for Seniors in Thessalon.

Nancy Lacasse, Outreach Officer for the NE LHIN, engages with over 70 seniors in the small community of Dunchurch in the fall of 2013. Participating seniors offered their thoughts on what is needed to better meet their health care needs at home and in community.

In the past year alone, five regional bodies have been created to provide input into improving the local health care system, including:

- **NE Local Partnership Group:** co-chaired by a hospital chief nursing officer and the NE LHIN, with representatives from hospitals and NE CCAC (physician, clinical and financial), this group helps to foster a change management environment at the local level and supports the successful implementation of Health System Funding Reform. The group has the added responsibility of overseeing the implementation of the NE LHIN's Clinical Services Review (CSR) which is a plan to improve patient quality for nine quality based procedures. Within the next fiscal, working groups led by physicians will help to implement the CSR recommendations as well as Vision Care Plan recommendations. The NE LHIN also supports a wait time and volume management subgroup which analyzes the impact of funding reform and monitors wait times in the Ministry/LHIN Accountability Agreement. The Partnership Group and the working groups are key to local implementation, planning and change management imperatives related to all aspects of Health System Funding Reform.

- **Diabetes Advisory Committee:** health care providers, administrators and patients who meet eight times a year to improve care coordination, education and prevention of diabetes.

- **North East Regional Community Support Services (CSS) Network:** senior leaders from CSS, Francophone and Aboriginal/First Nation/Métis providers who work to help people live independently at home and strive to improve their quality of life.

- **Regional Primary Care Council:** Primary care practitioners who meet regularly to help increase system-wide collaboration to better support the patient journey.

- **North East Hospice Palliative Care Steering Committee:** providers involved in delivering palliative care services and education. The committee is charged with overseeing the recommendations of implementing the report, *Advancing High Quality and High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action* (2011).

Community Engagement with Aboriginal/First Nation/Métis People

The NE LHIN is committed to an engagement process with Aboriginal/First Nations/Métis people that is respectful of language, nationhood, culture and spiritual beliefs.

The Aboriginal/First Nation/Métis population represents about 11% of the population. The NE LHIN continues to focus on building meaningful relationships in an effort to improve the services and health status given that the health needs of Aboriginal people are significant in scope and magnitude. Efforts continue to improve health outcomes by aligning existing Aboriginal/First Nations/Métis regional, provincial and federal health planning and service delivery structures. Among our Aboriginal population, people are aging faster than the rest of the population, due to high rates of chronic diseases.

Engagements held in 2013/14 include:

- **Local Aboriginal Health Committee:** In March 2013 and 2014, LAHC members travelled from their communities across the region for a full-day face-to-face meeting with the NE LHIN CEO and Acting Board Chair. Members were briefed on the latest health care developments and were asked for their input on moving forward in 2014/15.

- **LAHC Sub-committee:** Comprised of First Nation health service providers and senior NE LHIN staff, it met over a period of six months to discuss ways to improve the reporting process for Aboriginal health service providers.

- **Coastal communities on a stronger system of care:** The NE LHIN participated in a 10-day visit along the James and Hudson Bay Coast with the Weeneebayko Area Health Authority (WAHA). WAHA engaged coastal residents, many of whom are First Nation, on phase 1 of their hospital capital planning and strategic plan. The NE LHIN had the opportunity to speak to people about its work along the coast and engage on how to move forward with stronger health care for people living in the NE LHIN's most Northern communities.

- **Patient-focused forum:** WAHA, and a local resident, presented on patient engagement and cultural responsiveness at a patient engagement session in February 2014.

- **Clinical visits**: The NE LHIN facilitated three days of clinical assessments with seniors in Fort Albany by a team of allied health care professionals.

Fort Albany Geriatric Clinic: *Between January 19 and 22, 2014, a team of a visiting health care providers collaborated on patient-focused clinics to assess 30 seniors in Fort Albany. Some assessments were done in-home, with others held in the Fort Albany Hospital wing. Shown on the plane travelling north are (left to right, clockwise): Melissa Pretty, North East Specialized Geriatric Services (NESGS) Geriatric Nurse Clinician; Katerine Berardi, Occupational Therapist; Dr. Samir Sinha, Ontario's Seniors' Strategy Lead; Dr. Janet McElhaney, Medical Lead for Senior Care at Health Sciences North (Sudbury); and Dr. Jo-Anne Clarke, Clinical Lead of NESGS.*

Community Engagement with our Francophone Population

About 23% of people living in Northeastern Ontario are Francophone. As noted in the NE LHIN's current strategic plan, enhancing access to care for Francophones through linguistically and culturally appropriate services is a priority area for work.

The NE LHIN works in partnership with the Réseau du mieux-être francophone du Nord-Est de l'Ontario (RMEFNO) to engage with Northerners on ways and means to ensure Francophones can receive the care they need in their language of choice. In the past year alone, the NE LHIN and the RMEFNO worked together to:

- Engage with Francophones living in Wawa, White River and Dubreuilville as part of the implementation of the North East Rural Communities Framework.
- Hold a community engagement session in Cochrane regarding the need for primary care services in French.
- Engage with 12 community-based Francophone tables in order to help identify the needs and priorities of Francophones, which in turn, helped the RMEFNO advise the LHIN on French Language Services matters.
- Speak about patient engagement and cultural diversity at two patient engagement sessions where Francophone and bilingual health service providers presented their experiences including patients in individual care planning.
- Increase the awareness of the importance of "Active Offer" across the LHIN through mutual communication efforts.

Monique Lapalme, NE LHIN French Language Services Coordinator (left,) shares a light-hearted moment with Northerner Andrea Dokis at the Community Support Services Network Sudbury-Manitoulin's Information Fair in the fall of 2013. Coordinators like Monique have worked on the designation of 42 health service providers under the French Language Services Act, with another 61 providers now working towards this goal.

Ministry and LHIN initiatives

Progress Report on the Four NE LHIN Priorities

*Note: Actions with an * denote that they are tied to the work of one of the enablers noted on pages 26 to 29.*

Priority: Increase Primary Care Coordination

Primary care providers play a central role in helping patients navigate the system and improve transitions between care settings, particularly for seniors or people with complex needs. Greater involvement of primary care providers to improve system integration contributes to a more appropriate use of other care settings by helping people get the right care, in the right place, at the right time. Collaboration between primary care and community-based providers helps people living with chronic health conditions and places an emphasis on prevention, coordination and support for self-care.

Goal: Improve access to high quality primary care for Northerners. *Work to date*:

- Health Care Connect helps people find a family health care provider. People are referred to a family doctor or a nurse practitioner who is accepting new patients. From December 2012 to February 2014, the percentage of patients successfully connected to a primary care provider rose from 66.2% to 78%.
- 10.7% of all people in NE Ontario do not have a primary care provider. The NE LHIN is working to determine the right number and mix of health care professionals by working with the Ministry, HealthForceOntario, and other organizations to assist retiring physicians to find new physicians to take over their practices, add more nurse practitioners (NP) in underserviced areas through the Grow Your Own NP program, and connect orphan patients to the NE CCAC's NP programs.*
- Only 34% of Northerners who are sick are able to visit a primary care provider on the same day or the next day. The NE LHIN is working to promote Health Quality Ontario's Advanced Access to all primary care physicians and organizations.
- The NE LHIN has embraced the use of the Ontario Telemedicine Network (OTN) as a way to increase access to care and has become the highest user of telemedicine among the 14 LHINs. For patients, telemedicine's two-way videoconferencing means more care closer to home, less travel and an increase in the types of care available. Under the leadership of the NE LHIN, the region's number of OTN sites has grown by 395%, from 57 telemedicine sites in 2006/07 to 282 in 2013.*
- Telehomecare delivers a new way to care for patients, in their home. In 2013, the NE LHIN championed the Telehomecare program for patients with COPD (chronic obstructive pulmonary disease) and heart failure. Telehomecare nurses teach, coach and enable patients to actively manage their condition, keeping the primary care provider in the loop. More than 700 Northerners have been enrolled in the program.*

Goal: Increase integration of primary care in the broader continuum of care. *Work to date*:

- The Physician Office Integration (POI) project put in place the infrastructure needed to send patient reports and results to primary care physicians via their electronic medical records (EMR) system. NE LHIN hospitals have sent over 700,000 patient discharge summaries, diagnostic imaging and lab reports to a secure regional repository. About 76% of all primary care providers in NE Ontario are using EMR and 80% of EMR users are also part of POI, receiving patient information at discharge from hospital and allowing primary care providers to arrange home care and patient follow-up.*
- The NE LHIN Primary Care Advisory Council created a sub-committee to build better linkages between primary care providers and the NE CCAC to ensure continued communications

between home care providers, hospital and primary care physicians. In 2014/15, the committee will work to develop a system that connects CCAC Care Coordinators with the 27 Family Health Teams in NE Ontario, based on the number of patients that the FHT-CCAC share, and the acuity of those patients. In 2015-16 and beyond, the linkages will be expanded to include Nurse Practitioner-Led Clinics, Aboriginal Health Access Centres, Community Health Centres, and physicians in other family health models.*

Goal: Engage and collaborate with primary care providers to better support the patient journey. *Work to date*:

- The Primary Care Advisory Council provides feedback to the NE LHIN's planning activities and assists with engagement of primary care providers.
- Health Links are supporting people by creating individualized plans that wrap personalized care around the patient. Links in Timmins and Temiskaming have successfully created their first care plans for patients, while a new Health Link in North Cochrane will begin work in 2014/15. Additional discussions for future Health Links are underway in Nipissing, Sault Ste. Marie, and Sudbury.*

Beatrice Noseworthy of North Bay is one of more than 700 Northerners who has learned to manage her chronic illnesses in her own home via Telehomecare. The use of technology is changing the way health care is delivered across Northeastern Ontario and is increasing access to care closer to where Northerners live.

Priority: Enhance Care Coordination and Transitions to Improve the Patient Experience

While enhanced care for our growing seniors' population can be found in all of our priorities, this one in particular focuses on ways to create easier access to services and seamless transitions between different points of care.

Today, 19% of the people living in Northeastern Ontario are aged 65 or over. This number is expected to increase to 30% by 2036. Compared to the province, Northeastern Ontario also has a higher percentage of people with multiple chronic conditions, adults who are overweight or obese, smokers and heavy drinkers.

The Community Support Service sector helps Northerners live independently at home. These providers are also key to helping people maintain a maximum level of independence for as long as possible and ease the transition of patients between different points of the health care system.

Goal: Improve access and quality through greater service coordination. *Work to Date:*

- Invested in more care coordinators, patient and system navigators to help people find the right care at the right time. For example, this past year, the NE LHIN provided CMHA – Sudbury/Manitoulin with funding to support a patient navigator program that diverts people away from the emergency department. Similar programs are underway in the region's other three large centres: North Bay, Sault Ste. Marie and Timmins.
- Work is underway to develop one point of access for community support services in each of the region's hub areas.

Goal: Improve client transitions between service providers along the continuum of care. *Work to Date:*

- Streamlining care coordination between providers by sharing patient health information through electronic medical records.*
- Implementing initiatives to support more senior friendly hospitals and working with hospitals on their annual Senior Friendly Hospital Improvement Plan.
- Investing in Elder-Life Program at three hospitals.
- Smoothing the transition from hospital to home through innovations like PATH (Priority Assistance to Transition Home). PATH now exists in Espanola, Parry Sound, North Bay and Sudbury to help high-risk seniors transition from hospital to home. In 2013/14, close to 500 seniors benefited from PATH, resulting in about 167 diversions from hospital re-admittance, and 82 referrals to other community-based programs.*
- Enabling effective transitions between hospital and home for patients with chronic disease via the Rapid Response Nursing Program delivered by the NE CCAC. *
- Under the ALC Resource Matching and Referral project, developed provincial referral standards which involves streamlining the referral environment for four care pathways: acute to CCAC, acute to long-term care, acute to rehab, and acute to complex continuing care.*
- Worked with CCIM (Community Care Information Management) to continue the expansion of the Integrated Assessment Record in long-term care homes. This application allows authorized users to view multiple community-based assessments for a single patient.*

Goal: Enhance targeted service capacity where required. *Work to Date:*

- Addressing health professional shortages through the creation of a Personal Support Worker (PSW) training program for residents of First Nations communities along the James Bay Coast, where 24 PSWs will graduate in the spring of 2014.*
- Supporting the expansion of hospice and palliative care services across the region by providing training for staff working in small hospitals, long-term care home or community. Five palliative nurse practitioners are now dedicated to hospice/palliative care at the NE CCAC and four additional palliative pain and symptom management consultants are in place to provide education and mentorship in all care settings. Volunteer visiting services have also been implemented across the region.*
- Increasing falls prevention/exercise classes by working with five Public Health Units on the development of a plan for 177 seniors' exercise classes and another 111 locations specifically for falls prevention classes across the region.
- An adult day program in Verner (West Nipissing).
- Providing more one-on-one home-based physiotherapy services in home and long-term care settings, as well as a significant increase in the number of physiotherapy clinics, from two to 16. Physiotherapy services are now available in Northeastern Ontario's four large cities as well as 16 smaller communities.
- In the communities of Kapuskasing, Smooth Rock Falls, and Hearst, the NE LHIN improved seniors' access to critical support services allowing more to live independently in their communities for as long as possible. These services included: social and congregate dining for 163 seniors; transportation services for 468 trips to seniors; nearly 1,300 volunteer safety and social visits; and for transportation to medical appointments and community services for an additional 330 clients on Manitoulin Island.
- Expanding North East Specialized Geriatric Services (NESGS) to improve access to geriatric care with 853 new referrals to the program in 2013/14. In addition, the NESGS conducted 134 outreach clinics across the region to ensure local citizens were aware of this resource.
- Expanding assisted living services for older adults – in 2013/14, about 1,465 high risk seniors were provided with assisted living services which includes personal care, case management, and light homemaking; 610 were newly referred.
- Implementing three pilot projects to help determine a new model for non-urgent patient transportation across the region.

Dr. Pluta examines Cohen Wabano with the help of his mother Dakota Recollet. Primary care is the point of entry into the health care system. Compared to the province, Northeastern Ontario has a higher percentage of people who have multiple chronic conditions, are overweight or obese, have high blood pressure, and are without a regular doctor. The NE LHIN is working with partners to implement more care options and make better use of technology to bring primary care closer to where Northerners live.

Priority: Make Mental Health and Substance Abuse Treatment Services More Accessible

The NE LHIN continues to work with hospitals and community mental health/addictions organizations to improve access to psychiatric supports. Through the enhancement of access to specialized services, a decrease will result in the number of admissions to hospital for people with mental illness will decrease.

Goal: Improve access and system navigation for consumers and their families. *Work to date:*

- Implementation of the Ontario Mental Health CritiCall bed registry.
- Mental health anti-stigma sessions (by Centre for Addiction and Mental Health - CAMH) held for hospital emergency department staff.
- In collaboration with CAMH, the NE LHIN facilitated the implementation of an addiction services needs assessment tool in the Nipissing and Parry Sound areas. This project, funded by Health Canada under the drug treatment funding program, used a new approach to planning for future addiction service needs. Once completed, this model may be replicated across the region.
- In collaboration with the Ministry of Children and Youth Services, North Bay Regional Health Centre, hub hospitals and community children's mental health services, decentralization of children's mental health tertiary care has occurred across the region. As of April 2013, children's tertiary mental health beds were decentralized in Timmins, Sault Ste. Marie, Sudbury and North Bay. North Bay Regional Health Centre continues to manage this regional program while a regional network of providers meet regularly to oversee this initiative.

Goal: Increase community capacity to provide more care options for Northerners while decreasing acute sector pressures. *Work to date:*

- Examined opportunities to provide mental health education to people in isolated communities to ensure a resource to individuals close to where they live.
- Surveyed all small hospitals to determine their access to and interest in early psychiatric support when someone presents at their hospital with a mental health/addiction concern.
- Responded to the impact of the tragic mall disaster in Elliot Lake by funding the Counselling Centre of East Algoma to hire two additional crisis workers who worked closely with other Elliot Lake health and social service providers, accepting and making referrals and providing training.
- Invested in the establishment of a Centralized Access Service for Sault Ste. Marie and Algoma. Managed by the CMHA of Sault Ste. Marie, it provides quick access to information about services in the community, screening, support and a referral function. In addition, funds to expand the hours of operation of "Hope House," a consumer club house, were provided, as well as peer support workers to manage these extended hours.
- Increased addictions case management capacity to the Addictions Subsidized Housing programs in Timmins and North Bay.
- Worked with partners to develop a mental health and addiction crisis centre and mobile crisis team in North Bay.

Goal: Enhance care supports for people with complex issues through increased collaboration. *Work to date*:

- Worked with the Ministry of Health and Long-Term Care and community providers to establish and maintain the "Rebound" program for youth. This volunteer-led program operates in Sudbury and Sault Ste. Marie for "at risk youth" who participate in 10 sessions that focus on personal skills building.
- Provided funds to the Community Counselling Centre of Nipissing to assist with the establishment of a regional Postpartum Mood Disorders Network. Funds were also used to produce an insightful film to raise awareness and understanding about this issue.
- Began a dialogue with members of the local transgender community in an effort to better understand their primary health care needs. A regional committee has been formed and continues to look at opportunities to improve access to health care services.

Priority: Target the Needs of Culturally Diverse Population Groups

Aboriginal

Aboriginal/First Nations/Métis participation and guidance is entrenched within the NE LHIN organizational structure. The NE LHIN's Local Aboriginal Health Committee (LAHC) advises the NE LHIN Board of Directors on health service priorities and opportunities for integration within Aboriginal/First Nation/Métis urban and rural communities.

NE LHIN Outreach Officers Natalie Atkinson and Jennifer McKenzie presented on the NE LHIN Rural Communities Framework at the OHA's Driving Health Care System Transformation Conference in Sudbury. The framework is a NE LHIN tailor-made model of care that provides rural communities with an outline to better coordinate health care services and improve the patient experience.

Goal: Enhance access to health care services that are linguistically and culturally appropriate. *Work to date:*

- In partnership with the Red Cross, provided culturally appropriate PSW training in First Nation communities along the James and Hudson Bay Coasts, resulting in 24 PSW graduates.
- Surveyed NE LHIN health service providers to determine a benchmark rate of cultural diversity training underway within the mainstream health care sector.
- A LAHC subcommittee comprised of First Nation Health Service Providers, along with key NE LHIN staff, met over six months to bring forward recommendations to the LAHC about improving or simplifying the reporting process for Aboriginal health service providers.

Goal: Increase system navigation, service coordination and access to care. *Work to date:*

- Supported two new Assisted Living for High Risk Seniors programs for First Nation communities in the NE LHIN: Mamaweswen, North Shore Tribal Council which will serve high risk seniors in seven First Nation communities spanning 300 kilometres across the north shore; and Nipissing First Nation.
- Planned and coordinated the Fort Albany Geriatric Clinic with local partners. A team of geriatricians and allied health professionals did three days of clinical assessments with 27 local seniors.
- Provided transportation to medical appointments and community services for additional clients on Manitoulin Island.

Goal: Increase access to mental health and substance abuse services. *Work to date:*

- Through membership on advisory or steering committees to three mental health and addiction Health Service Integration Fund Projects (HSIF) at Mamaweswen, North Shore Tribal Council, United Chiefs and Councils of Mnidoo Mnising (UCCMM) and WAHA, work is underway to create memorandum of agreements with mental health and addiction service providers to create a seamless continuum of care.
- In partnership with Health Canada and MOHLTC, supported two Community Wellness Development Teams located at Ngwaagan Gamig Recovery Centre and Sagashtawao Healing Lodge. The teams provide mental health and addictions expertise and planning support to First Nation communities seeking assistance in addressing prescription drug abuse and the underlying mental health issues that impact substance abuse and addiction.

Francophone

The NE LHIN currently has 42 health service providers (HSPs) officially designated under the French Language Services Act, and has identified 61 other HSPs to plan for the provision of FLS. The NE LHIN works in partnership with the French Language Health Planning Entity to help providers attain their designation so that they can enhance access to care by Francophones living in Northeastern Ontario.

Goal: Enhance access to health care services that are linguistically and culturally appropriate. *Work to date:*

- Revised the internal designation process to enhance the role of the Réseau du mieux-être francophone du Nord-Est de l'Ontario (French Language Health Planning Entity).
- Facilitated two health service provider designations with Sudbury East Community Health Centre and Villa St. Gabriel Villa. Two additional requests – North East Community Care Access Centre and the North Bay Regional Health Centre – are pending approval.

Goal: Increase system navigation, service coordination and access to care. *Work to date:*

- The Temiskaming Health Link collected stories from six Francophone patients through face-to-face interviews with patients and their families. The Health Link also held a value-stream analysis event with Francophone health service providers to map the Francophone patient's journey from the health care system entry to discharge home with appropriate services. Both initiatives are helping to inform the Health Link with system transformation and care coordination initiatives for Francophones.*
- The NE LHIN sponsored patient engagement sessions, in collaboration with The Change Foundation, for health service providers in the North East. The Réseau du mieux-être francophone du Nord-Est de l'Ontario (RMEFNO) presented on the importance of "Active Offer" and the role providers play in ensuring they provide the opportunity to speak with clients/patients in French. This message was further supported by French speaking patients who also shared ther experiences at the session.
- The NE LHIN actively worked in collaboration with the RMEFNO to address their recommendations on moving forward with increased access to health services for Francophones living in Northeastern Ontario. Joint efforts included: revising the designation process of health service providers, identifying eight new providers as potential candidates for designation, three training webinars to Réseau staff on the designation plan and process, holding engagements and providing joint presentations to stakeholders.

Goal: Increase access to mental health and substance abuse services. *Work to date:*

- The 2013/14 designation of Nipissing Mental Health Housing & Support Services means that clients are able to receive services in the language of their choice.
- North Bay Regional Health Centre, which is a regional tertiary mental health service provider for the North East, developed a FLS designation plan and submitted a request for official designation. The request is currently being reviewed at the provincial level.
- The Canadian Mental Health Association – Cochrane-Temiskaming updated and submitted its designation plan to the LHIN. The NE LHIN is reviewing the updated plan.

Enablers of the Integrated Health Service Plan (IHSP)

Three system enablers support the work required to move forward the NE LHIN's four IHSP priorities. Enablers weave themselves in and out of our priorities. Much of our enabler work underway is found in the progress updates on pages 19-26 and is noted with an asterisk.

Enabler – Health Human Resources (HHR)

People working to provide health care services are essential to the transformation of our health care system, whether they are treating people while in hospital, or helping them to transition back home. Greater access to health care professionals helps to promote healthy living and support better management of chronic conditions.

Sandra Dereski (left) and Ali Pettenuzzo (right) of the Algoma District Nurse Practitioner Clinic were empowered with innovative ways to include patients in health care decision-making at a NE LHIN/The Change Foundation Patient Engagement session.

A healthy system of care relies on professionals working to their full scope of practice. Recruitment and retention of health care professionals, such as nurse practitioners and personal support workers, help to ensure a good mix of professionals across the continuum of care. The NE LHIN works with partners to decrease gaps in the mix and distribution of health care professionals, and to ensure a collaborative approach to recruitment and retention strategies.

In the past year, the NE LHIN worked closely with: HealthForceOntario, inviting its staff to interact with the LHIN's senior management on a regular basis and attend our Board's Health Professionals Advisory Committee and Primary Council meetings; the Northern Ontario School of Medicine – actively participating on an HHR subcommittee of the NOSM Teaching Hospital Council; Academic Health Science Network – as an active member of the Education Committee; and undertaking research to advance HHR strategies. The NE LHIN also worked with the Nursing Secretariat to approve a Grow Your Own nurse practitioner application for vacant nurse practitioner positions, an initiative which allows a registered nurse to receive a nurse practitioner designation when committing to return to an underserviced community to provide primary health care services.

With many primary care physicians at or nearing retirement, the NE LHIN has focused its efforts in the past year on better understanding issues related to new physicians taking over existing practices in order to mitigate orphaned patients.

Enabler – Realignment and System Transformation

Clinical Services Review

The NE LHIN completed a Clinical Services Review (CSR) report in March 2014 which is our LHIN's proactive response to Health System Funding Reform, where funding follows the needs of a patient. The CSR will help providers develop a model of care for quality-based procedures based on clinical handbooks (developed by clinical experts) and consultations with clinical experts aross the region.

The review examined all 25 hospitals in the North East to determine which hospitals were completing the nine quality-based procedures. A future model was determined for the region which will improve expected length of stays, as well as enhance and standardize quality of care. A team has been established to oversee the implementation of the report in 2014/15.

Integrated Models of Care

The NE LHIN is providing oversight for several integrated care models to meet the health care needs of Northerners – particularly those with complex conditions.

We now have three Health Links underway, three more emerging, and several other collaborative efforts which are helping to streamline care for Northerners with complex needs.

Models include: Health Links, Health Hubs and Community Networks – each working towards the common goal of collaborating with providers to provide the best possible care for patients.

Tricia Lafrance (left), Shannon Carey (centre) and Lorrie Montgomery (right) learned about Health Links at a session in Kirkland Lake. Participants heard what Health Links can do for patients, including improving access to care for seniors, and reducing time for referral from primary care doctor to specialist appointment.

Vision Care Plan

In January 2014, the NE LHIN began a review of the current state of vision care across the region, and developed recommendations for current and future eye care needs of Northerners. The NE LHIN Vision Care Plan examines current services, needs and issues across the region. Discussions were held with eye care specialists, hospitals, Aboriginal Health Access Centres, diabetes care specialists, Canadian National Institute for the Blind, Ontario Telemedicine Network and NE LHIN officers. Quantitative data regarding cataract surgery and other vision care services was also gathered. The plan and its recommendations will be considered in 2014/15.

Non-Urgent Transportation

In June 2013, the NE LHIN began a non-urgent patient transportation review project with several system partners including: all 25 hospitals, 41 long-term care homes, eight Emergency Medical Service (EMS) managers, ORNGE, five Central Ambulance Communication Centres, and the EMS base hospital (which is Health Sciences North). Partners worked together under the common goal of developing a standardized approach to the delivery of non-urgent patient transfer across the vast Northeastern Ontario geography. Three pilots were held to test different approaches to delivering non-urgent inter-facility transportation and used a common set of evaluation measures. The project's outcomes are now being considered so that Northerners can benefit from more timely and coordinated access to non-urgent transportation services.

System Integration

The NE LHIN continues to focus on integration efforts that support enhanced patient care, more seamless delivery of services, and more coordinated clinical programs for patients and consumers of health. In fact, over the past five years, the total number of service accountability agreements between the NE LHIN and health service providers, has decreased from 197 to 179. In 2013/14, the NE LHIN Board of Directors approved the following voluntary integrations:

- **Integration of Maison Vale Hospice and Warmhearts Palliative Caregivers**
  The realignment of Warmhearts Palliative Caregivers programs and resources under the Maison Vale Hospice Corporation provided an integrated delivery of services for palliative/end of life care for individuals in the Sudbury/Manitoulin district. Services will improve through increased efficiency, improved and consolidated access, awareness, coordination, and utilization of residential and community hospice palliative care programs and services, in both official languages.

- **Integration of North East Specialized Geriatric Services and North Bay Regional Health Centre**
  This involved a transition of the North East Specialized Geriatric Services (NESGS) sponsorship to the North Bay Regional Health Centre. NESGS is an interdisciplinary team which provides specialized care for seniors with complex health needs, as well as expert resources for health care professionals and caregivers throughout Northeastern Ontario. While the team has a permanent location in Greater Sudbury, outreach clinics are also offered across the region, including: Algoma, Nipissing, Cochrane, Temiskaming, Manitoulin/Sudbury and Parry Sound, allowing older adults to access the care they require without the added burden of travelling. Service enhancements are expected from this transition in terms of access to care, tertiary collaboration and capacity building.

- **Northeastern Ontario's Extendicare long-term care homes**
  This reduction from eight separate NE LHIN agreements with long-term care homes, to one has eased the reporting requirements of Northeastern Ontario's Extendicare long-term care homes.

- **Rockhaven, Iris Addiction Recovery for Women, and the Sudbury Addiction Treatment Program managed by the Salvation Army**
  For clients, the realignment of programs will mean more streamlined access to services, including a common in-take and referral process, coordinated treatment plans, as well as administrative efficiencies that allow staff more time to spend with clients rather than on paperwork.

- **Timmins and District Hospital and the Canadian Mental Health Association (CMHA) Cochrane-Temiskaming**
  Three mental health programs – the Community Seniors' Mental Health Program, the Mid Step

Program and the Concurrent Disorder Case Manager – formerly delivered by the hospital, will be transferred to the Canadian Mental Health Association (CMHA).

- **Timiskaming Health Unit (THU) and the CMHA Cochrane-Temiskaming**
  A motion was passed by the boards of the CMHA and THU supporting the creation of a single M-SAA for mental health and addictions services in the Temiskaming district and the transfer of THU's funding for those services to the CMHA. This voluntary funding integration will mitigate service fragmentations, increase service continuity, and help to reduce the number of M-SAAs in the area.

- **Maison Renaissance and Maison Arc-en-ciel**
  In March 2013, the NE LHIN received notice from Maison Renaissance and Maison Arc-en-Ciel on their intent to move forward with service and governance integration. The NE LHIN had been worked with these two organizations since August 2011 to pursue integration. This voluntary integration provides the opportunity to expand addiction services for Francophone youth at a regional and provincial level.

- **Alzheimer Society of North Bay and District and the Alzheimer Society of Sudbury-Manitoulin**
  The Alzheimer's Society North Bay transferred all service and operational funding to Société Alzheimer's Society Sudbury. The North Bay chapter will dissolve into the Sudbury-Manitoulin chapter and Sudbury will be mandated to serve both the North Bay and Sudbury-Manitoulin District.

Technology (eHealth)

Enabling technology, which includes electronic medical records and ehealth initiatives, is key to increasing access to care across the NE LHIN's vast geography like that of the NE LHIN. In addition to the initiatives listed within the progress being made on the NE LHIN's four priorities (pages 17 to 23), other advancements that were made in the past fiscal year include:

- The rollout of the Ontario Lab Information System (OLIS) within the hospital sector. Twenty three out of twenty five hospitals are in various stages of implementation, which allows providers to pull critical lab information directly into their electronic health record.

- The North Eastern Ontario Network (NEON) which allows a patient to present at any participating hospital and have their information instantly accessible within the hospital system. NEON is a common hospital information system across the region. It is a partnership of 22 hospitals sharing a common information system. In the region's far north, WAHA – the Weeneebayko Area Health Authority (including connections to Attawapiskat, Fort Albany, Moosonee, Moose Factory) – was recently connected to the system, along with hospitals in Mattawa and West Nipissing.

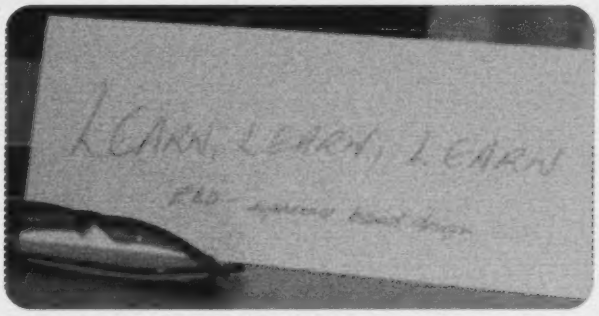
Key Provincial Priorities

Health Links

Health Links is a model that develops more coordinated care for patients with complex health needs. The model is targeted to populations of 50,000 or greater. Health care providers' come together to provide the most efficient and effective care for patients who are high users of the system. In the NE LHIN there are two early adopters: Timmins and Temiskaming.

The Timmins Health Link is led by the Timmins Family Health Team and is focused on the creation of a sustainable change management plan that will help shift how the local health care system addresses the needs of its highest users. Patient discovery interviews were used and proved invaluable in understanding the unique needs of each patient and in the development of responsive and patient-centred coordinated care plans. The Timmins Health Link is looking to implement new processes to facilitate communication among providers, particularly with the patient's circle of care. The patient's experience accessing health care services has also been leveraged by the Timmins Health Link partnership to inform the identification of barriers and systemic improvement opportunities.

The Temiskaming Health Link is led by the Centre de santé communautaire du Témiskaming and is focused on system transformation and coordinated care planning. In 2013/14, health system partners worked together to identify gaps in key areas as well as critical success factors. Patients with complex needs, who included Francophones and First Nation members, were actively engaged in mapping their current experience and suggesting improvements. An inter-sectorial approach to care planning was developed with involvement from primary care and the CCAC, with the patient at the centre of the individualized coordinated care plan.



Temiskaming Health Link invited participants to learn more about the concept of Experience-Based Design and how to engage patients in order to improve the patient experience. The session brought together 25 health care workers from across the continuum of care who are involved in supporting the Health Link.

A third Health Link was approved in North Cochrane in March 2014. The business plan for this health link will include the communities of Hearst, Kapuskasing and Smooth Rock Falls and will build upon the community readiness assessment submitted in the fall of 2013. The Centre de santé communautaire de Kapuskasing and the Équipe de santé familiale Nord-Aski will act as co-leads on the completion of a business case outlining their model of care in 2014/15.

In 2014/15, the NE LHIN is expecting readiness assessments for the Nipissing, Algoma and Sudbury areas.

The NE LHIN developed a model of care to address the many communities with a population of less than 50,000. The Community Network Model provides coordinated care for all residents in the community and will include health and non-health providers. The goal is to develop care pathways based on the needs of the community and to develop stronger linkages among community providers.

A framework was developed to assess health care needs in smaller communities. The framework is to provide rural communities with a process and tools to assist in determining where and how improvements can be made in their local health system. Wawa is the first community to pilot the framework. A steering committee co-chaired by a senior resident and the Red Cross developed terms of reference and is working through the process of determining the current providers and healthcare needs. We expect this framework will be expanded to other small communities in 2014/15.

Alternate Level of Care (ALC) Strategies and Solutions

ALC patients are people in hospital beds who are better suited in an alternate setting such as long-term care, rehabilitation, assisted living or home. Having more home care and community services enables ALC patients to leave hospital sooner, live independently in their setting of choice, and make more beds available to patients who are waiting to be admitted to hospital for acute care.

Four years ago, the rate of ALC patients in our hospitals was greater than 30%. In 2013/14, it was down to between 20-25%.

Local and regional efforts will continue in 2014/15. Health service providers remain fully engaged through a number of local ALC working groups across the region that tie into a multi-sectoral regional leadership committee.

In 2013/14, the NE LHIN continued its focus to help bring down the rate of ALC patients by enhancing community investments and building community capacity such as: home first, additional assisted living for high risk seniors, further expansion of the PATH (Priority Assistance to Transition Home) program, integrated discharge planning, assess and restore programming, behavioural supports for long-term care homes, and adult day program expansion.

For more information on ALC, please see page 13.

Emergency Department (ED) Wait Times

The region's four HUB hospitals continue to participate in the provincial ED Pay for Results program which supports a range of ED performance projects. Although there is a degree of variability among the hospitals, the region's overall ED performance is close to or below provincial wait time targets for admitted and non-admitted ED patients.

Pay for Results initiatives which have demonstrated success in the North East hospitals included: ED triage nurses, clinical decision unit, patient flow navigators, admission avoidance coordinator, geriatric emergency nurses, and mental health programming in the ED.

For more information on ED wait times, please see page 12.

Government Investment Increase to Home and Community Services

The NE LHIN continues to make targeted investments to provide more programs and services to allow people to be cared for at home or in community and only in an institution when needed. In fact, today the NE LHIN has invested $63 million more in community-based care than five years ago.

With approximately 70 community-based service providers in the North East, patients being discharged from hospital (or who are otherwise seeking services in the community) are challenged to navigated a broad range of services, catchment areas, and eligibility requirements.

As noted on pages 21 to 22, the NE LHIN has several initiatives underway to help enhance coordination and transitions to community or home-based care to improve the patient experience.

Regionally-Coordinated Diabetes Care

In 2012/13, all LHINs in Ontario were assigned new roles with respect to funding and oversight for Diabetes Education Programs (DEPs) and new functions related to coordination of diabetes services. Over the past year, these changes supported improved oversight, monitoring and coordination of services, as well as streamlining accountability for related programs. While 21 adult and 4 pediatric Diabetes Education Programs are now being managed by the NE LHIN, the Ministry has retained accountability for some diabetes services provided by primary care, Aboriginal Health Access Centres and the Centre for Complex Diabetes Care.

To oversee the transition and to ensure a coordinated effort with respect to diabetes programs and services in the North East, key steps included:

- Appointing clinical diabetes leadership of Dr. Boji Varghese (Endocrinologist) and Barb Kiely (Nurse Practitioner and Certified Diabetes Educator).

- Establishing the NE Diabetes Advisory Committee with multi-sector representation from across the region including patient representatives.
- Establishing the Community of Practice for diabetes educators and providers across the region.
- Supporting a Diabetes Specialist program as a pilot at Health Sciences North to enhance care coordination and transitions.
- Increasing access to evidence-based foot assessments and care for people living on the James and Hudson Bay Coast via support for a Foot Care Workshop.

Physiotherapy Reform

During the 2013/14 fiscal year, the NE LHIN implemented physiotherapy reform which resulted in changes to the delivery of publicly funded physiotherapy services across four streams:

In-Home Physio – the NE CCAC is the single point of access for physiotherapy services resulting in all patients accessing and being assessed for physiotherapy services in the same manner. In 2013/14, an investment in one-on-one in-home physiotherapy contributed to an overall significant reduction in the CCAC wait list.

Long-Term Care Homes (LTCH) – Each of our 41 LTCHs received funding with the mandate that all residents who have an assessed need for physiotherapy in their plan of care will receive one-on-one physiotherapy in their LTC home. Additionally, residents will have the opportunity to participate in exercise classes. As a result, approximately 5,000 residents will benefit from one-on-one physiotherapy and/or exercise based on assessed need.

Exercise and Falls Prevention – The NE LHIN developed a plan for 177 seniors' exercise classes and another 111 locations for falls prevention classes across the region.

Community Clinic Physiotherapy – The NE LHIN was allotted 4,616 Episodes of Care (EoC) in 2013/14. Of this total, 3,581 were assigned to new providers and 1,035 to two existing Designated Physiotherapy Clinics (DPCs). The result has been increased capacity for community-based physiotherapy in: 16 private clinics (including the previous DPCs), 12 hospitals (two large and ten small hospitals) and one community health centre.

Almost half of all falls happen in the home during the day. Stay On Your Feet is an umbrella program than can be modified based on local needs and resources. The NE LHIN funds the program in Nipissing, Parry Sound, and Sudbury. By reducing falls by 10 per cent, visits to the emergency department can be reduced by 560 with 120 fewer hospitals admissions every year.

Analysis of LHIN Operational Performance

The NE LHIN ended 2013/14 year in a balanced position. A decentralized organizational model with offices in North Bay, Sault Ste. Marie, Sudbury and Timmins enabled LHIN staff to connect more frequently throughout the year with health service providers and fellow Northerners.

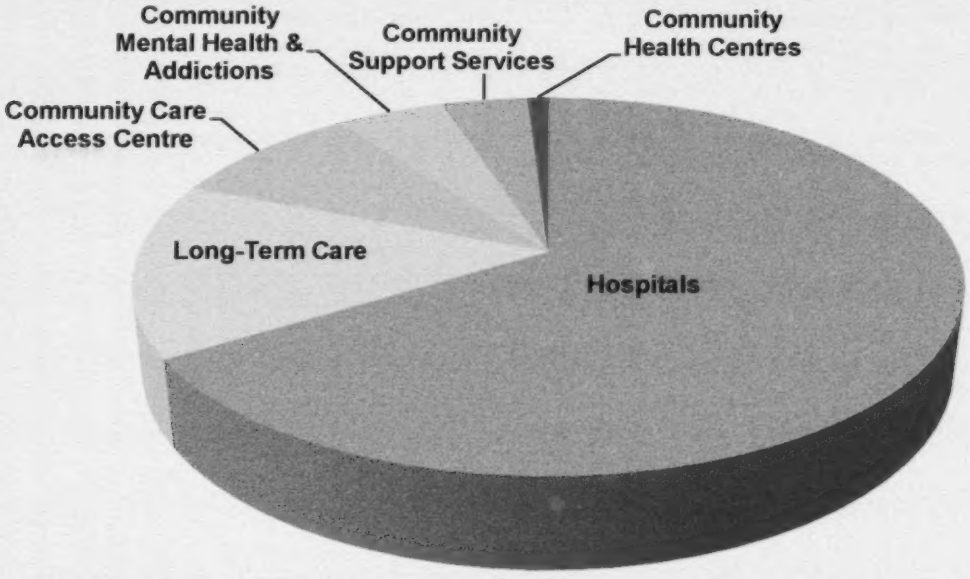
Every year, the NE LHIN provides $1.4 billion dollars to about 150 health service providers who deliver more than 200 programs and services across northeastern Ontario. Twelve NE LHIN Hub Officers and Outreach Officers work directly with health service providers and meet with them on a daily basis to negotiate and monitor accountability agreements, facilitate the creation of new patient-centred models of care at the local level, advance the availability of culturally diverse health care services, and hold engagements with the broader community on ways and means to increase access to care at the local level. Having a local presence in our Hub areas enables the officers to develop strong relationships with providers and members of the community.

In the past year, the NE LHIN was successful in recruiting two new officers to the Cochrane Hub area. All officers have now completed a change management course offered by Health Quality Ontario. Newly learned skills will assist Officers in working with Northerners from all corners of their communities and identifying new models of care such as Health Links, health hubs and community networks. Officers also recognize the importance of a strong relationship with governance, administration and front-line workers in order to strengthen the health care system at the local level.

Through extensive community engagement efforts over the past year, our 43 staff were able to gather information that allowed the LHIN to direct funding to projects that have improved patient care and advanced a more integrated and efficient delivery of services for Northerners. Engagements also helped to set priorities for 2013/14 and respond to the health care needs of people living in our vast region of Northern Ontario.

Our NE LHIN has established five physician leads with a focus on critical care, emergency departments and primary care. Their contribution and insight assist the LHIN with making decisions to improve the quality of care and develop innovative approaches to enhance access to care for Northerners.

Funding by Sector, 2013/14



NE LHIN Investment in Local Health Care Providers

In 2013/14:

- 23 organizations received more than $10 million in funding from the NE LHIN;
- 18 received between $5 and $10 million;
- 41 received between $1 and $5 million;
- 16 received between $500,000 and $1 million; and
- 55 organizations received less than $500,000.

The list below provides a brief outline of the NE LHIN's top 23 funding recipients whose allocations range from just over $319 million to just above $10 million. The list further details all other organizations who receive NE LHIN funding. Organization names are colour-coded based on the sector they deliver services within.

Sector

Hospital
Long-Term Care
Community Mental Health
Community Support Services
Community Health Centres

* Organizations with an asterisk deliver services in more than one sector and have been colour coded based on the majority of the services they provide.

HEALTH SCIENCES NORTH (HSN)* **$319,393,312**

HSN is a 470-bed hospital located in Sudbury. It serves as a major referral centre for all of Northeastern Ontario. HSN has the only trauma centre in the north. In addition to full medical surgical services for inpatients and outpatients, the hospital is affiliated with the Northern Ontario Medical Centre as an academic hospital.

NORTH BAY REGIONAL HEALTH CENTRE (NBRHC)* **$202,753,397**

NBRHC is a 420-bed hospital that provides acute care services to North Bay and surrounding communities. It serves as a district referral centre providing specialist services for smaller communities in the area, and is the specialized mental health service provider.

SAULT AREA HOSPITAL (SAH)* **$156,440,015**

SAH has 293 beds and provides primary, secondary and select tertiary services to people in Sault Ste. Marie and across the District of Algoma. It is also home to the Algoma Regional Renal Program and the Algoma District Cancer Program.

NORTH EAST COMMUNITY CARE ACCESS CENTRE (NE CCAC)* **$132,664,851**

The NE CCAC provides nursing, personal support and rehabilitation services to patients in home, school and the community. It is one of the main health care providers that help people transition from hospital to home by ensuring that home care supports are available so that eligible patients can return home safely and live independently for as long as possible.

TIMMINS and DISTRICT HOSPITAL (TADH)* **$65,700,566**

TADH has 161 beds and is a teaching hospital serving the residents of the City of Timmins and Cochrane District as well as the adjoining areas of the Temiskaming, Sudbury and Algoma districts. The hospital offers a full range of medical, surgical, critical care, maternity, newborn, pediatric, long-term care and mental health services, as well extensive health education and district services.

EXTENDICARE (CANADA) INC **$56,911,400**

Extendicare operates long-term care homes across the region including: Falconbridge and York (Sudbury), Kapuskasing, Kirkland Lake, Maple View and Van Daele Manor (Sault Ste. Marie), Timmins, Tri-Town (Haileybury).

WEST PARRY SOUND HEALTH CENTRE **$32,821,401**

The hospital is an integrated health care organization that includes: Lakeland Long Term Care, a 100-resident home co-located with the hospital; six nursing stations staffed by nurse practitioners who work with a visiting physician; management of the District of Parry Sound land ambulance (EMS) and Ambulance Communication Service (ACS); and a 70-bed acute care hospital with a range of inpatient and outpatient programs.

WEENEEBAYKO AREA HEALTH AUTHORITY (WAHA)* **$24,337,238**

WAHA is responsible for providing comprehensive health services in the Weeneebayko region along the James and Hudson Bay coastal regions in northern Ontario servicing six communities: Moose Factory, Fort Albany, Attawapiskat, Moosonee, Kashechewan and Peawanuck. This area is rich in Aboriginal culture and history.

ST JOSEPH'S GENERAL HOSPITAL* **$23,091,085**

St. Joseph's General Hospital in Elliot Lake has 57 beds and provides services to residents of Elliot Lake, the North Shore and visitors to the area. St. Joseph's also operates a 64-bed long-term care home from its main campus, and a 52-bed substance abuse treatment program through the Oaks Centre that is two kilometres from the hospital.

KIRKLAND & DISTRICT HOSPITAL* **$19,648,724**

The hospital has 62 beds, is part of the Temiskaming Health Link, and provides emergency, general medicine, general surgery and pediatric services for a population of just over 10,000. The visiting specialist program consists of: neurology, urology, internal medicine, otolaryngology, pediatrics, psychiatry, ophthalmology and gynecology.

PIONEER MANOR **$19,263,548**

Pioneer Manor in Sudbury serves residents 18 years of age and older who have long-term health care needs and who are no longer able to manage in independent living situations. As the largest facility of its kind in Northern Ontario, Pioneer Manor is home to 433 residents who are provided with 24 hours of supervision.

TEMISKAMING HOSPITAL **$18,107,211**

Located in New Liskeard, the 59-bed facility consists of 48 acute care and 11 chronic care beds. The hospital serves a local population of just over 10,000 and a broader catchment area of about 33,000 people for certain district-wide services.

WEST NIPISSING GENERAL HOSPITAL* **$17,572,772**

The hospital, in Sturgeon Falls has 50 beds and its services include laboratory, radiology, diagnostic imaging/screening, mammography, ultrasound, 24-hour emergency department, occupational health, infection prevention and control and Ontario Telemedicine Network. Also on site is a 48-bed interim long-term care unit.

F. J. DAVEY HOME* **$17,193,649**

F.J. Davey Home in Sault Ste. Marie is a 374-bed long-term care nursing home. It is designed to care for its residents in a home-like environment within 12 resident home areas.

SENSENBRENNER HOSPITAL **$15,422,602**

Sensenbrenner is a 53-bed primary acute care facility serving a regional population of 11,000. The hospital provides inpatient and outpatient care. The new doctors' complex, adjacent to the hospital, houses practicing physicians. Specialty clinics (pediatrics, orthopedics, psychiatry, urology, and gynecology) are held by visiting specialists on a regular basis.

MANITOULIN HEALTH CENTRE* **$14,913,366**

The Manitoulin Health Centre has two sites – Little Current and Mindemoya – and serves a year-round population of approximately 12,580. The seasonal population increases to more than 30,000 in the summer. The Mindemoya site has 14 beds. The Little Current site has 16 beds; two combined care (OBS) beds; and a day surgery.

BLIND RIVER DISTRICT HEALTH CENTRE* **$13,727,021**

The Blind River District Health Centre is a multi-site organization responsible for: Matthews Memorial site located in Richard's Landing; Thessalon site; Blind River District Health Centre (BRDHC) in Blind River.

HOPITAL NOTRE-DAME HOSPITAL **$13,304,232**

Hôpital Notre Dame in Hearst is a 44-bed hospital with 23 acute care beds and 21 long-term care beds providing comprehensive outpatient and inpatient services to a catchment area of approximately 10,500 residents.

EAST NIPISSING DISTRICT HOME FOR THE AGED (CASSELLHOLME) **$12,157,954**

Cassellholme in North Bay is a long-term care home designed for 240 residents. The home also provides community support services and assisted living services for the area.

ESPANOLA REGIONAL HOSPITAL AND HEALTH CENTRE* **$11,987,705**

This integrated health campus serves a catchment area of about 14,000 people. Co-located under one-roof, the 79-bed facility has a 24-hour emergency department, 17 acute/chronic care beds, 30 ELDCAP (nursing home) beds and 32 long-term care beds. It also features a Family Health Team, community/outpatient lab and diagnostic imaging, cardiac lab, physiotherapy, sleep lab, 19-bed assisted living complex and a 25-unit seniors' apartment building.

LADY MINTO HOSPITAL* **$11,757,623**

Lady Minto Hospital in Cochrane has 66 beds, including 25 acute, eight complex continuing care, and 33 long-term care beds (Villa Minto). It provides a wide range of inpatient, complex continuing care, emergency, outpatient, ambulatory, pediatrics, general surgery, and long-term care services. It also offers respiratory therapy, physiotherapy, radiology, laboratory, pharmacy and clinical nutrition services.

ANSON GENERAL HOSPITAL* **$11,152,776**

Anson General Hospital in Iroquois Falls with 19 acute care beds, 15 complex continuing care beds and 69 long-term care beds. The hospital provides a wide range of inpatient, chronic, emergency, outpatient, ambulatory and long-term care services.

ST JOSEPH'S CONTINUING CARE CENTRE OF SUDBURY **$10,056,987**

St. Joseph's is Northeastern Ontario's only continuing care hospital offering specialized care programs for medically complex patients whose condition requires a hospital stay and regular on-site physician care. The Centre's goal is to achieve high levels of medical recovery and active rehabilitation so that patients can transition to lower levels of care or back to the community.

18 ORGANIZATIONS RECEIVED BETWEEN $5 AND $10 MILLION:

Canadian Mental Health Association - Cochrane Timiskaming	$9,142,059
Golden Manor*	$7,809,002
Services de Santé de Chapleau Health Services*	$7,510,318
The Home for the Aged West Nipissing (Au Chateau)*	$7,395,839
Lady Dunn Health Centre*	$7,372,129
Canadian Red Cross Society*	$6,557,033
Leisureworld	$6,504,149
Mattawa General Hospital	$6,413,584
Smooth Rock Falls Hospital*	$6,140,877
Bingham Memorial Hospital	$5,818,727
Valley East Long Term Care Centre (Elizabeth Centre)	$5,781,893
Eastholme East District of Parry Sound Home for the Aged*	$5,553,125
Englehart & District Hospital	$5,512,721
St Joseph's Villa of Sudbury	$5,508,156
St Gabriel's Villa	$5,387,753
Nipissing Manor	$5,295,946
March of Dimes Canada	$5,217,107
Finlandia Nursing Home	$5,206,028

41 ORGANIZATIONS RECEIVED BETWEEN $1 AND $5 MILLION:

Belvedere Heights	$4,864,869
Hornepayne Community Hospital	$4,788,180
Centre de Santé du Temiskaming*	$4,567,716
Lakeland Long Term Care Services	$4,531,984
Ican Independence Centre and Network	$4,346,319
Ontario Finnish Resthome Association*	$4,208,433
Algoma Manor Nursing Home	$4,096,332
Centre de Santé Communautaire du Grand Sudbury	$3,851,116
Friends Supporting those with Long-Term Health Care Needs	$3,674,452
Canadian Mental Health Association-Sudbury	$3,422,045
Temiskaming Lodge	$3,315,130
North Centennial Manor	$3,208,594
Algonquin Nursing Home of Mattawa	$3,201,709
District of Algoma Health Unit	$3,153,688
Teck Pioneer Residence	$3,150,432
Centre de Santé Communautaire de Sudbury-Est	$3,114,945
Foyer des Pionniers	$2,982,796
Centre de Santé Communautaire de Kapuskasing*	$2,929,245
Lady Isabelle Nursing Home	$2,794,336
Victorian Order of Nurses for Canada	$2,688,267
Nipissing West Community Health	$2,467,265

Manitoulin Lodge	$2,458,720
Wikwemikong Nursing Home	$2,419,020
Phara - Physically Handicapped Adults Rehabilitation Association	$2,396,656
Misiway Milopemahtesewin Community Health Centre	$2,395,139
Manitoulin Centennial Manor	$2,334,791
Huron Lodge Community Service Board	$2,321,336
Timiskaming Home Support	$2,320,767
Canadian Mental Health Association- Nipissing Regional Branch	$2,300,020
Hearst Kapuskasing Smooth Rock Falls Counselling Services	$2,281,661
Northview Nursing Home	$2,115,752
Iris Women's Addiction Recovery	$1,690,832
Nipissing Mental Health Housing And Support Services	$1,397,847
Sudbury Finnish Rest Home Society	$1,386,623
Mamaweswen the North Shore Tribal Council Secretariat*	$1,277,505
Canadian Mental Health Association - Sault Ste. Marie Branch	$1,251,834
Minto Counselling Centre	$1,193,321
La Maison Renaissance	$1,111,263
Jubilee Centre	$1,099,690
Wikwemikong Unceded Indian Reserve	$1,045,881
Alzheimer Society of Sudbury-Manitoulin	$1,026,733

16 ORGANIZATIONS RECEIVED BETWEEN $500,000 AND $1 MILLION

North Cochrane Addiction Services	$942,396
Canadian National Institute for the Blind (CNIB)	$912,287
Community Counselling Centre of Nipissing	$818,680
Access Better Living	$814,513
North Bay Recovery Home	$788,740
South Cochrane Addiction Service	$766,346
Canadian Hearing Society	$743,543
Mnaamodzawin Health Services	$733,197
Algoma Substance Abuse Rehabilitation Centre	$668,124
Shkagamik-Kwe Health Centre*	$651,789
People for Equal Partnership in Mental Health (PEP)	$612,628
Counselling Centre of East Algoma	$591,735
Sudbury East Seniors Support	$560,490
Timiskaming Health Unit	$535,970
Rockhaven	$528,488
Moose Cree First Nation	$519,144

55 ORGANIZATIONS RECEIVED LESS THAN $500,000

Anishnabie Naadmaagi Gamig Substance Abuse Treatment Centre	$488,484
M'chigeeng First Nation	$450,559
Noojmowin Teg Health Centre*	$440,522
Meals on Wheels (Sudbury)	$434,437
N'swakamok Native Friendship Centre*	$416,585
Sault Ste. Marie Alcohol Recovery Home	$392,387
Fort Albany First Nation	$390,860
Algoma Family Services	$365,920
Nipissing First Nation	$361,762
North Shore Community Support Services	$349,150
Alzheimer Society of Sault Ste. Marie & Algoma District	$341,417
La Maison Arc-En-Ciel	$262,465
Sudbury Addiction Treatment Program (Salvation Army)	$258,912
Sagashtawao Healing Lodge	$253,000
Ngwaagan Gamig Recovery Centre	$244,200
Ukrainian Seniors' Centre of Sudbury	$221,993
Sagamok Anishnawbek	$215,431
Great Northern Nursing Centre	$194,908
Constance Lake First Nation	$194,444
Kashechewan First Nation	$194,184
Timmins Consumer Survivors Network	$187,159
Sexual Assault Intervention for Living	$182,265
Palliative Caregivers Sudbury/Manitoulin	$175,151
Serpent River First Nation	$174,160
Alzheimer Society of Timmins- Porcupine District	$167,835
Near North Palliative Care Network	$165,363
Temagami First Nation	$161,049
Township of St Joseph	$160,415
Dokis First Nation	$155,194
Attawapiskat First Nation	$146,960
Alzheimer Society of North Bay & District	$144,528
Mississauga First Nation	$141,472
Wabun Tribal Council	$133,821
Pavilion Family Resource Centre	$131,413
Manitoulin Family Resources	$127,488
Aboriginal Peoples' Alliance (Northern Ontario)	$122,570
Thessalon First Nation	$94,493
Whitefish Lake First Nation	$90,923
Garden River First Nation	$90,923
Wasauksing First Nation	$90,407
Weenusk First Nation	$84,582
Phoenix Rising Non-Profit Homes	$81,079

Timmins Family Counselling Centre	$75,368
Chapleau Cree First Nation	$72,738
Women In Crisis (Algoma)	$63,721
Horizon-Timmins Palliative Care	$59,532
Elliot Lake Palliative Care Program	$58,460
Magnetawan First Nation	$49,446
Henvey Inlet First Nation	$39,549
Shawanaga First Nation	$26,109
Batchewana First Nation Of Ojibway	$24,138
Wahnapitae First Nation	$21,756
Timiskaming Palliative Care Network	$18,029
Taykwa Tagamou Nation	$17,470
Timmins Senior Citizens Recreation Centre	$9,095

Financial statements of

North East Local Health Integration Network

March 31, 2014

North East Local Health Integration Network

March 31, 2014

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Deloitte.

Deloitte LLP
5140 Yonge Street
Suite 1700
Toronto ON M2N 6L7
Canada

Tel: 416-601-6150
Fax: 416-601-6151
www.deloitte.ca

Independent Auditor's Report

To the Members of the Board of Directors of the
North East Local Health Integration Network

We have audited the accompanying financial statements of the North East Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2014, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of LHIN as at March 31, 2014, and the results of its operations, change in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
June 4, 2014

North East Local Health Integration Network

Statement of financial position
as at March 31, 2014

	2014	2013
	$	$
Financial assets		
Cash	947,565	891,035
Accounts receivable	1,223	7,692
HST Receivable	63,318	70,904
Due from MOHLTC-Health Service Providers ("HSP") (Note 7)	4,869,191	1,537,653
	5,881,297	2,507,284
Liabilities		
Accounts payable and accrued liabilities	1,010,911	743,020
Due to MOHLTC (Note 10b)	15,090	219,907
Due to the LHIN Shared Services Office (Note 3)	4,955	28,155
Due to Health Service Providers ("HSP") (Note 7)	4,869,191	1,537,653
Deferred capital contributions (Note 4)	304,807	232,212
	6,204,954	2,760,947
Net debt	(323,657)	(253,663)
Commitments (Note 13)		
Non-financial assets		
Prepaid expenses	18,850	21,451
Tangible capital assets (Note 5)	304,807	232,212
	323,657	253,663
Accumulated surplus	-	-

Approved by the Board

Director

Director

The accompanying notes to the financial statements are an integral part of this financial statement.

North East Local Health Integration Network

Statement of operations
year ended March 31, 2014

	Budget (Note 6)	2014 Actual	2013 Actual
	$	$	$
Revenues			
MOHLTC funding			
HSP transfer payments (Note 7)	1,440,977,600	1,466,699,913	1,420,730,615
Operations of LHIN	4,752,782	4,539,109	4,746,290
Enabling technologies (Note 9a)	-	580,000	580,000
French Language Health Service (Note 9b)	296,800	296,800	296,800
Réseau du mieux-être francophone du Nord de l'Ontario (Note 9c)	796,159	796,159	796,159
Emergency Department Lead (Note 9d)	75,000	75,000	75,000
Critical Care Lead (Note 9e)	75,000	75,000	75,000
Aboriginal Engagement (Note 9f)	100,000	100,000	100,000
Emergency Room/Alternate Level of Care (Note 9g)	100,000	100,000	100,000
Primary Care Lead (Note 9h)	-	75,000	75,000
Diabetes Regional Coordinating Centre (Note 9i)	1,087,560	1,097,990	393,346
Physiotherapy Reform LHIN Leads (Note 9j)	-	27,344	-
Amortization of deferred capital contributions (Note 4)	76,078	130,648	88,600
	1,448,336,979	1,474,592,963	1,428,056,810
Funding repayable to MOHLTC (Note 10)	-	(15,090)	(219,907)
	1,448,336,979	1,474,577,873	1,427,836,903
Expenses			
Transfer payments to HSPs (Note 7)	1,440,977,600	1,466,699,913	1,420,730,615
General and administrative (Note 8)	4,752,782	4,534,449	4,746,290
Enabling technologies (Note 9a)	-	580,000	580,000
French Language Health Service (Note 9b)	296,800	296,800	296,800
Réseau du mieux-être francophone du Nord de l'Ontario (Note 9c)	796,159	796,159	796,159
Emergency Department Lead (Note 9d)	75,000	75,000	75,000
Critical Care Lead (Note 9e)	75,000	75,000	73,003
Aboriginal Engagement (Note 9f)	100,000	100,000	100,000
Emergency Room/Alternate Level of Care (Note 9g)	100,000	100,000	100,000
Primary Care Lead (Note 9h)	-	75,000	65,280
Diabetes Regional Coordinating Centre (Note 9i)	1,087,560	1,087,560	185,156
Physiotherapy Reform LHIN Leads (Note 9j)	-	27,344	-
Amortization of tangible capital assets	76,078	130,648	88,600
	1,448,336,979	1,474,577,873	1,427,836,903
Annual surplus and accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of this financial statement.

North East Local Health Integration Network

Statement of change in net debt
year ended March 31, 2014

	Budget	2014	2013
	$	$	$
Annual surplus	-	-	-
Acquisition of tangible capital assets	(9,000)	**(203,243)**	(155,346)
Amortization of tangible capital assets	85,234	**130,648**	88,600
Decrease (increase) in prepaid expenses, net	-	**2,601**	(3,920)
Decrease (increase) in net debt	76,234	**(69,994)**	(70,666)
Net debt, beginning of year	(253,663)	**(253,663)**	(182,997)
Net debt, end of year	(177,429)	**(323,657)**	(253,663)

The accompanying notes to the financial statements are an integral part of this financial statement.

North East Local Health Integration Network

Statement of cash flows
year ended March 31, 2014

	2014	2013
	$	$
Operating transactions		
Annual surplus	-	-
Items not affecting cash		
Amortization of tangible capital assets	**130,648**	88,600
Amortization of deferred capital contributions (Note 4)	**(130,648)**	(88,600)
Changes in non-cash working capital		
Decrease in due from the LHIN Shared Service Office	-	466
Decrease in accounts receivable	**6,469**	8,739
Decrease (increase) in HST Receivable	**7,586**	(31,037)
(Increase) decrease in due from MOHLTC-Health Service Providers	**(3,331,538)**	6,455,282
Increase in accounts payable and accrued liabilities	**221,741**	232,409
(Decrease) increase in due to MOHLTC	**(204,817)**	143,003
(Decrease) increase in due to the LHIN Shared Service Office	**(23,200)**	28,155
Increase (decrease) in due to Health Service Providers	**3,331,533**	(6,455,282)
Decrease (increase) in prepaid expenses	**2,601**	(3,920)
	10,380	377,815
Capital transaction		
Acquisition of tangible capital assets	**(157,093)**	(2,822)
Financing transaction		
Increase in deferred capital contributions (Note 4)	**203,243**	155,346
Net increase in cash	**56,530**	530,339
Cash, beginning of year	**891,035**	360,696
Cash, end of year	**947,565**	891,035

(See additional information presented in Note 5.)

The accompanying notes to the financial statements are an integral part of this financial statement.

1. Description of business

The North East Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the North East Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the area of Northeastern Ontario. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with Ministry-LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed Health Service Providers ("HSP") in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2014.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as tangible capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at cost. Cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

For assets acquired and brought into use during the year, amortization is provided for a full year.

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the statement of operations and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and therefore no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

3. Related party transactions

The LHIN Shared Services Office (the "LSSO") and the LHIN Collaborative (LHINC) are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO and LHINC, on behalf of the LHINs, are responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portions of the LSSO/LHINC operating costs overpaid (or not paid) by the LHIN at the year-end are recorded as a receivable from (payable to) the LSSO/LHINC. This is all done pursuant to the agreement the LSSO/LHINC has with all the LHINs.

4. Deferred capital contributions

	2014	2013
	$	$
Balance, beginning of year	232,212	165,466
Capital contributions received	203,243	155,346
Amortization	(130,648)	(88,600)
Balance, end of year	304,807	232,212

5. Tangible capital assets

			2014	2013
	Cost	Accumulated amortization	Net book value	Net book value
	$	$	$	$
Furniture and fixtures	202,850	141,652	61,198	50,358
Computer equipment	186,984	141,869	45,115	30,252
Leasehold improvements	1,185,245	986,751	198,494	151,602
	1,575,079	1,270,272	304,807	232,212

Non-cash transactions

During the year, tangible capital assets were acquired at an aggregate cost of $203,243 (2013 - $155,346) of which $198,674 (2013 - $152,524) were paid after year-end and $4,569 (2013 - $2,822) were paid during the year.

6. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported on the statement of operations reflect the initial budget at April 1, 2012. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $1,466,699,913 is made up of the following:

	$
Initial HSP Funding budget	1,440,977,600
Adjustment due to announcements made during the year	25,722,313
	1,466,699,913

The total operating budget of $7,838,635 is made up of the following:

Initial budget	7,283,301
Additional funding received during the year	682,344
Amount treated as Capital Contribution	(203,243)
Total budget	7,762,402

7. Transfer payments to HSPs

The LHIN has authorization to allocate the funding of $1,466,699,913 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors as follows:

	2014	2013
	$	$
Operation of Hospitals	971,964,798	953,579,910
Grants to compensate for Municipal Taxation - Public Hospitals	240,300	239,625
Long Term Care Homes	213,745,487	206,007,661
Community Care Access Centres	132,507,757	119,827,431
Community Support Services	30,498,707	27,192,174
Acquired Brain Injury	2,687,549	2,675,799
Assisted Living Services in Supportive Housing	18,887,538	17,079,979
Community Health Centres	18,718,830	17,733,603
Community Mental Health	55,364,627	54,037,471
Substance Abuse & Gambling Problem	22,084,320	22,356,962
	1,466,699,913	1,420,730,615

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2014, an amount of $4,869,191 (2013 - $1,537,653) was receivable from the MOHLTC and was payable to the HSPs. These amounts have been reflected as revenue and expenses in the statement of operations and are included in the table above.

8. General and administrative expenses

The statement of operations presents the expenses by function; the following classifies these same expenses by object:

	2014	2013
	$	$
Salaries and wages	2,894,828	2,997,634
HOOPP	253,264	280,940
Other benefits	335,962	316,553
Staff travel	149,568	133,817
Governance travel	10,629	9,214
Communications	83,962	86,888
Accomodation	237,377	207,443
Advertising	8,460	24,979
Consulting fees	150,611	58,907
Equipment rentals	10,895	18,695
Board Chair per diems	26,625	-
Other Governance per diems	8,350	4,100
Insurance	6,137	5,977
LHIN Shared Services Office	138,886	341,520
LHIN Collaborative	47,500	47,500
Other meeting expenses	22,234	47,908
Other governance expenses	8,615	8,185
Printing and translation	61,439	70,799
Staff development	21,334	22,695
IT equipment	28,458	14,794
Office supplies and equipment	24,462	30,182
Other	4,853	17,560
	4,534,449	4,746,290

9. Programs

a) Enabling technologies

In fiscal 2014, the LHIN entered into an agreement with the Champlain, South East and North West LHINs (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Funding was provided to enable the cluster LHINs Project Management Offices to advance eHealth, information management and information technology initiatives as outlined in the ETI PMO Toolkit Business Case approved by the MOHLTC.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies of $580,000 in fiscal 2014. The total amount of funding for the Cluster in fiscal 2014 was $2,320,000 and was received from the MOHLTC by the Champlain LHIN on behalf of the Cluster. The funding was split equitably amongst the South East, North East, North West and Champlain LHINs. The NE LHIN is required to book all surplus for this project to "Payable to Champlain LHIN"; the Lead LHIN (Champlain) is responsible for returning those funds to the MOHLTC on behalf of the cluster.

9. Programs (continued)

a) Enabling technologies (continued)

	2014	2013
	$	$
Salaries and benefits	432,658	424,178
Operating expenses	147,342	155,822
	580,000	580,000

b) French Language Health Services (FLHS)

The LHIN received $296,800 from the Ministry of Health and Long-Term care to support French Language Health Services programs. With these funds the LHIN employs three full-time staff to work on this file. In addition the funds were used to cover travel and other staff related costs. The total amount of expenses incurred related to FLHS was $296,800.

c) Réseau du mieux-être francophone du Nord de l'Ontario

The LHIN received $796,159 from the Ministry of Health and Long-Term Care to fund the operation of the Réseau du mieux-être francophone du Nord l'Ontario, these funds were spent in full.

d) Emergency Department Lead (ED Lead)

The Ministry of Health and Long Term Care provided the LHIN $75,000 in one-time funding to pay the LHIN ED Lead. The LHIN contracted an area physician as the ED Lead; total monies paid out in 2013/14 are $75,000.

e) Critical Care Lead (CC Lead)

The Ministry of Health and Long Term Care provided the LHIN $75,000 in one-time funding to pay the LHIN CC Lead. The LHIN contracted an area physician as the CC Lead; total monies paid out in 2013/14 are $75,000.

f) Aboriginal Engagement

The Ministry of Health and Long Term Care provided an additional $100,000 in base funding for the purposes of engaging the Aboriginal population and organizations within the North East LHIN. The total amount of expenses paid using this funding was $103,825. The expenses exceeding $100,000 were funded by LHIN operations.

g) Emergency Room/Alternate Level of Care (ER/ALC)

The Ministry of Health and Long Term Care provided $100,000 in one-time funding to help the LHIN in supporting the North East ER/ALC Performance Lead. The total amount of expenses paid using this funding was $101,591. The expenses exceeding $100,000 were funded by LHIN operations.

h) Primary Care Lead (PC Lead)

The Ministry of Health and Long Term Care provided the LHIN $75,000 in one-time funding to pay the LHIN PC Lead to support the Primary Care LHIN Lead Program. The LHIN contracted an area physician as the PC Lead; total monies paid out in 2013/14 are $75,000.

i) Diabetes Regional Coordinating Centre (RCC)

The Ministry of Health and Long Term Care provided the LHIN $1,087,560 in one-time funding to support the LHIN in achieving the RCC program goals and objectives. During the year $1,087,560 of expenses were incurred. Additionally, $10,430 of deferred capital contribution from the previous year was reversed this fiscal year and will subsequently be payable to the MOH.

9. Programs (continued)

j) Physiotherapy Reform LHIN Leads

The Ministry of Health and Long Term Care provided the LHIN $27,344 in one-time funding to support the LHIN the implementation of physiotherapy reform. The total amount of expenses paid using this funding was $27,344.

k) Expenses incurred on Other Programs by objects are as follows:

	2014	2013
	$	$
Salaries and benefits	2,031,744	1,262,588
Consulting	57,000	96,390
Office equipment and supplies	41,917	28,655
Travel	45,895	15,892
Other	1,036,307	867,873
	3,212,863	2,271,398

10. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC is made up of the following components:

	Funding received	Eligible expenses	Excess funding
	$	$	$
Transfer payments to HSPs	1,466,699,913	1,466,699,913	-
LHIN operations	4,539,109	4,534,449	4,660
Amortization of capital assets	130,648	130,648	-
Enabling technologies	580,000	580,000	-
French Language Health Service	296,800	296,800	-
Reseau du mieux-etre franophone du Nord l'Ontario	796,159	796,159	-
Emergency Department Lead	75,000	75,000	-
Critical Care Lead	75,000	75,000	-
Aboriginal Engagement	100,000	100,000	-
Emergency Room/Alternate Level of Care	100,000	100,000	-
Primary Care Lead	75,000	75,000	-
Diabetes Regional Coordinating Centre	1,097,990	1,087,560	10,430
Physiotherapy Reform	27,344	27,344	-
	1,474,592,963	1,474,577,873	15,090

10. Funding repayable to the MOHLTC (continued)

b) The amount due to the MOHLTC is made up of the following components:

	2014	2013
	$	$
Opening balance	**219,907**	16,355
Funding recovered by the MOHLTC	**(219,907)**	(16,355)
Funding repayable to the MOHLTC (Note 10a)	**15,090**	219,907
Closing balance	**15,090**	219,907

11. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 54 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2014 was $ 384,580 (2013 - $358,749) for current service costs and is included as an expense in the statement of operations. The last actuarial valuation was completed for the plan as at December 31, 2013. At that time the plan was fully funded.

12. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in the favor of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.

13. Commitments

The LHIN has commitments under various operating leases related to building and equipment. Minimum lease payments due under the building and equipment lease are as follows:

	$
2015	256,275
2016	132,661
2017	89,500
2018	63,417
2019	68,000
Thereafter	260,667
	870,520

The LHIN also has funding commitments to HSPs associated with accountability agreements. As of March 31, 2014 the LHIN had signed Accountability Agreements with all Hospitals, Long-Term Care Home and Community Agencies. The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from MOHLTC.